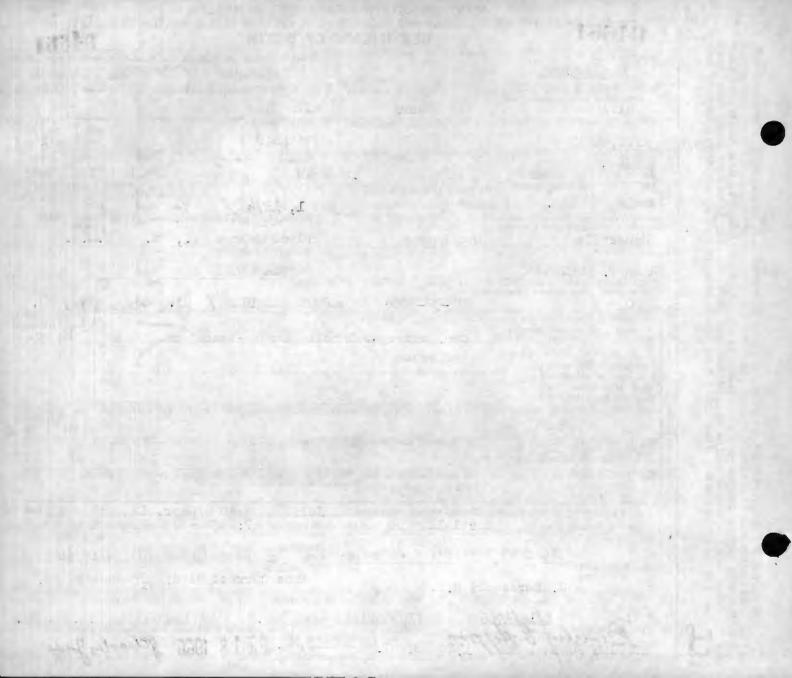
MARYLAND STATE DEPARTMENT OF DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STATISTICAL RESEARCH AND RECORDS AND CERTIFICATE OF DEATH funeral and 2 death after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) filled in by the fu papers. Pages 1 i in 72 hours after ( a. STATE b. COUNTY b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Maryland MARYLANO Anne Arundel c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b hours vears Ferndale Ferndale d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE bon papers within 72 d. STREET ADDRESS 24 ON A FARM? 1514 Church Lane 1514 Church Lane ND 50 YES etely within completely we carbon NAME DE First Middle Last DATE Month Year DECEASED and comple emove carb any event, (Type or print) DEATH ADAMS 18 LOUIS 19 66 death certificate be executed SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED [ Months | Days Hours White Male 5/2/1895 WIDOWED X 80 E B E 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) attending physican.
Then please 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Painting S. Calif Painter San Francisco. U. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown transit permit, cremation, or p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) Fowler Jr. 1514 Church Lane 212-12-5912 James E the 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN burial-transit burial, cremat ONSET AND DEATH been signed by PART I. DEATH WAS CAUSED BY O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUF TO Cenditions, If any, which gave rise to Immediate as the prior to DUE TO cause (a), stating the r this certificate has b detached for use as t te Dept, of Health prior underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? ICAT NO Z YES CERTIFI 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (State) After the de de State factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING 19 at work at work FUNERAL DIRECTOR: Af director, page 3 should I hould be filed with the S 21. I certify that (I) (this hospital) attended the deceased from 1966, and that death occurred at 10 AM. from the causes and on the date stated above. saw the deceased ative on 22a. SIGNATURE ATTENDING STAFF M.D. PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23c. 2 REMOVAL (Specify) Glen Haven Cemetery | Glen ADDRESS | 25a. REC'D BY REGISTRAR Burial Burnie Burnie Md. 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Glen Burnie, Md. Raymond C. Fink VR A15 (4) 1966 2DM

11213120 Internal ones of almana Told Church cane 1734 Capter Gash . . . . . . . . BELLIN IN THE REAL PROPERTY. 3/2/1185 0.33 estale wind Militarion Mind daniel Fiel to aniet of the distance beam STATE STATE OF THE which date distribution of the column of the Proposed C. Fishe Cites marries, ed. APR 20 1955 Pro-Co-Dept.

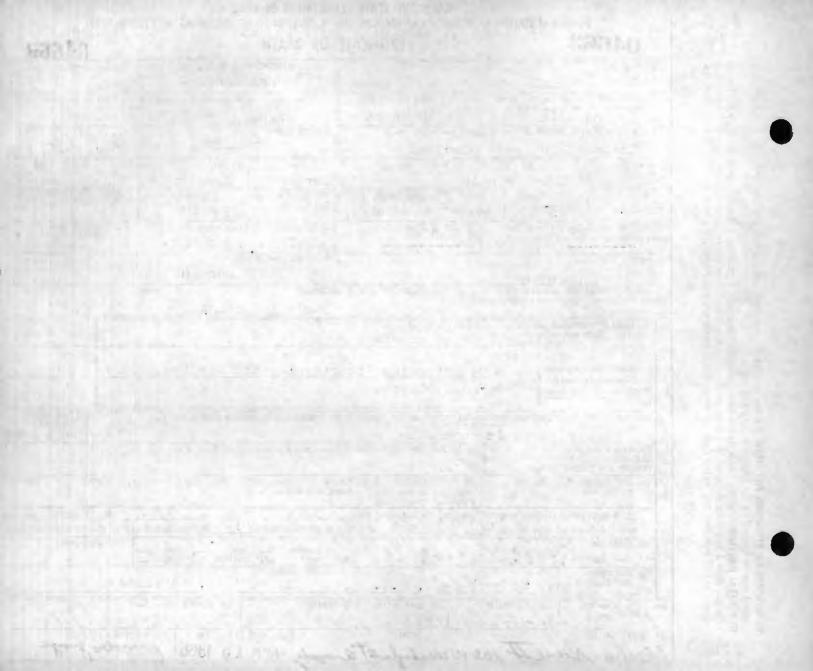
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY ANNE ARUNDEL a. COUNTY MARYLAND by the f Pages 1 urs after ARUNDEL MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) completely filled in by to ove carbon papers. Page ovent, within 72 hours a Write RURAL and give nearest town) hours RIVA Years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS RIVA ROAD YES A NO within 3. NAME OF DATE Month Day First Middle Last 4. Year DECEASED APRIL 1966 FIMMA ARDELIA AISCUITH DEATH 13 (Type or print) executed AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Female Cau. WIDOWED A DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Pe during most of working life, even if retired) INDUSTRY COUNTRY? and U.S.A. Prince George Co.. Md. Housewife own home physic n ple certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending phermit. Then or removal FRANK P. BURGESS SOPHIA KIRBY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. been signed by the attenthe burial-transit permit. death (Yes, no, or unkown) | (If yes give war or dates of service) RIVA ROAD, RIVA, EDWARD AISOUITH 217-38-3008 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PHYSICIAN: The law requires that the the hospital or attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10 yrs Gen. arteriosclerotic cardio-vascular IMMEDIATE CAUSE (a) **DUE TO** disease Conditions, if any, which (b) gave rise to immediate DUE TO r this certificate has been detached for use as the realth of Health prior to (a), stating underlying cause last, (c) CERTIFICATION WAS AUTOPSY PERFORMED? PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. YES T NO Y DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) be de State Hour a.m. Should be d Not While OR ALTENDING be retained by þ 19 at work at work , 19 40, to AMADr. 13, 1966, that (I) (well last the July FUNERAL DIRECTOR: A director, page 3 should 21, I certify that (I) (this hospital) attended the deceased from April 12,19 66, and that death occurred at 7:20AMom the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a, SIGNATURE ATTENDING PHYS. x M.D. DIRECTOR 4/16/66 4 may HOSPITAL PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Amos Garrett Blvd., Annapolis, Md. Rorssuck. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF DAVIDSONVILLE METH.CEM REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS #4. FUNERAL DIRECTOR WEST VR A15 (4) HOPPING FUN 15M 4-64



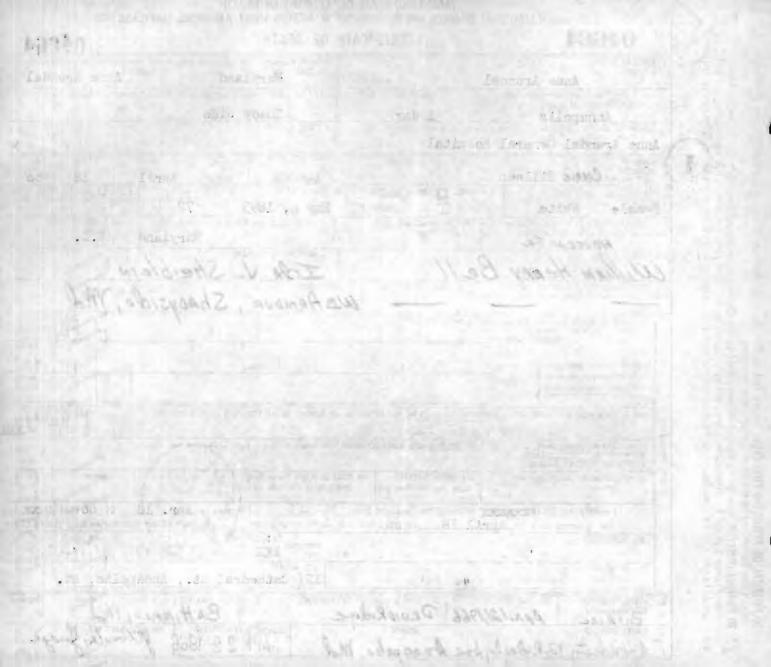
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 114662 CERTIFICATE OF DEATH and 2 death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE b. COUNTY by the f Pages 1 irs after after MARYLAND b. CITY DR TDWN (If outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Paginin 72 hours write RURAL and give pearest town) hours 三 0 d. NAME/OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? carbon pap ent, within 7 YES NO within letely 3. NAME DE First Liddle Last DATE Month Day Year DECEASED DEATH event, Mari 157 (Type or print) СОШБ 19-6-6 executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (16 years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 8. Months I Days and WIDOWED DIVORCED VI'S. Ξ 10a. USUAL OCCUPATION (Give kind of work done I 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be during most of working life, even if retired) INDUSTRY COUNTRY? 1, Dein 13. FATHER'S NAME MOTHER'S MAIDEN NAME 14. rem 15. WAS DECEASED EVER IN U.S. ARMED FORCES 2 transit permit. 16. SOCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or unkown) (If yes pive war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH I-transi PART I. DEATH WAS CAUSED BY: 12 horan IMMEDIATE CAUSE (a) signed burial-t DUE TO Conditions, If any, which gave rise to immediate r the DUE TO cause (a), stating the underlying cause last. 38 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate the hospital or YES NO 20a. ACCIDENT WAS UNDERLYING PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) t. of DR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While retained by Stat p.m. at work at work DIRECTOR: A age 3 should lied with the 21. I certify that (I) (this hospital) attended the deceased from 1966 that (I) (we) last and that death occurred at AM. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED 88 ATTENDING Page 4 may b 5 M.D. DIRECTOR PHYS. Pag FUNERAL PHYSICIANS 22C. director, p 22d. ADDROSS NAME (Type) 23a. BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 66 FUNERAL DIRECTO ADDRES REC'D BY REGISTRAR | 25b REGISTRA 66 VR ALS 20M 1/65

Ann Streeth See 1 100

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 /21/66 04663 CERTIFICATE OF DEATH within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY ne Arundel o. STATE Unknown Md. b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) an papers. Pag. Catonsville 40 Увабя e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS /Unknown 6 Jones Ave. Crownsville State Hospital NO L 3. NAME OF Middle DATE Lost Month Doy Year DECEASED #02292 Minnie Anderson 66 19 and in any event, (Type or print) DEATH (Or S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR remove last birthday) 1898 Female Neoro WIDOWED DIVORCED B 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR -11-BIRTHPLACE (County & Stote; or foreign country) requires that the death certificate be please during most of working life, even if retired) COUNTRYSA physician a INDUSTRY 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME or removal, ипрами unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Hospital Records crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN I-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Uremia IMMEDIATE CAUSE (o) signed by burial-trans burial, crem attending physician. DUE TO (b) Hypertensive Arteriosclerotic Cardiovascular Conditions, if any, which gave rise to immediate couse (a). Renal Disease stoting the underlying couse the has been 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) USe Hypostatic Pneumonia NO K O FUNERAL DIRECTOR: After this certificate the haspital or ATTENDING PHYSICIAN: for 200. ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While of work 1966, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased from be retained 1966 and that death occurred of 4:45 M, from causes and on the date stated above. saw the deceased alive on filed with 120. CUSTATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING 4/7/66 M.D. DIRECTOR director, page should be filed 22d ADDRESS 22c. PHYSICIANIS Crownsville, Maryland NAME (Typle) 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Williamen VR A15 (4) 20 M 1/66 15

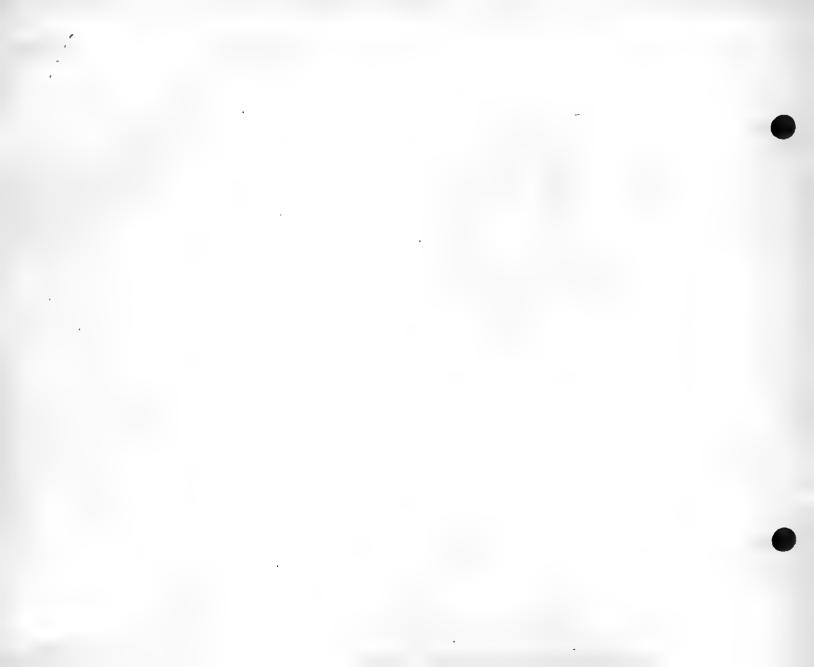


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04664 CERTIFICATE OF DEATH executed within 24 hours after death ond filled in by the funeral papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Annapolis 1 day
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Shady Side e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Anne Arundel General Hospital YES NO SE Middle pou Enst 4. DATE Month event, wit Dov Year DECEASED (Type or print) CARRIE Elleen 1966 ARMOUR April 18 cor DEATH IF LINDER I YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED B. DATE OF BIRTH NEVER MARRIED remove birthdoy) Months Doys Hours May 4, 1893 Female White ond 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) requires that the death certificate be during most of working life, even it retiged) pleose INDUSTRY Maryland HOUSEN, FR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) signed by the buriol-tronsit p buriol, cremotion ONSET AND DEATH PART I. DEATH WAS CAUSED BY. trulo ni IMMEDIATE CAUSE (o) attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (o). DUE TO stoting the underlying couse hos been be detached for use as the State Dept. of Health prior to lost. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) x coleman. NO XIXI TO FUNERAL DIRECTOR: After this certificate PHYSICIAN: the hospital or 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) at work ot work 21. I certify that (1) (this personal attended the deceased from Mirch , 196 5 . , ta Apr. 18 , 19 66 that (I) (DEA) last be retained saw the deceased alive an April 18 19 66, and that death accurred at M, fram causes and an the date stated above 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF 18/66 director, poge 3 should be filed v M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 121 Cathedral St., Annapolis, Md. GERANN - CHUNPIL. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) RUIDKING 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

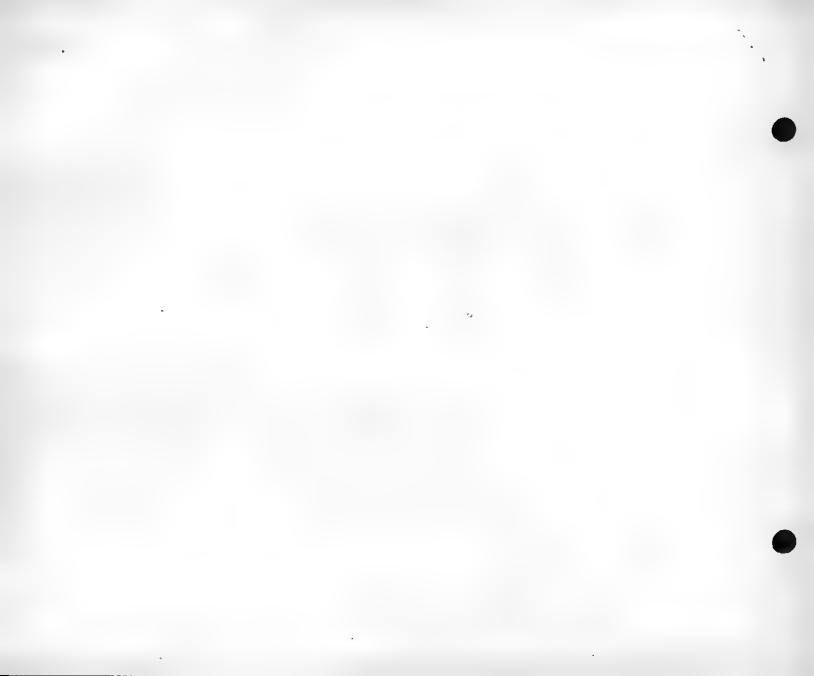


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04665 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution: Residence before admission o. COUNTY o STATE b COUNTY Page Will all 0 and 3 1 b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b CITY OR (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Deportm d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Item 18. Give Poges Nex In. AKUNDEL -4. DATE Dov Yeor DECEASED 19 6 (Type or print ŇΕΔΤΗ S SEX FUNDER 24 HRS. NEVER MARRIED DATE OF BIRTH AGE ( n years lost birthdoy) Months DIVORCED eve 100 LSUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY ? 13. FATHER'S NAME pencil 8.5 File 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCA, SEGURITY NO. INFORMANT be executed permit. ar removal, CAUSE OF DEATH (Enter only one couse PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE certificate should writing the word cremotion, DUE TO Conditions, if only, which gove (b) rise to immediate cause (a), DUE TO 0 stoting the underlying cause buriol, o PART I.. OTHER SIGNIFICANT COND.T.ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATI prior to 4 shauld be 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part or Part II of item 18.) PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH MEDICAL 20c TIME OF NurRY Manth, Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm (County) (City or town) (State) Hour om. factory, street, office bldg , etc ) Not While at work 21. I certify that took charge of the remains described above, held an Autapsy Inquiry 4 Inspection 7. and in my opinion Natural causes death resulted Romy Suicide | Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY FXAMINERA NAME (Type) Address (Street, city, town, or county) 230 BURIAL, CREMATION 23d LOCATION (City or Town) 0 YR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04666 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2 USUAC RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF CEATH o. COUNTY nakyland. b COUNTY AAQO. desth. MARYLAND Department b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outs de carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) alew BURNIE. BURNIE. d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital give street address) d STREET ADDRESS hours 22M ARley-Neck-Road D.O.A - NORIH. ARVIVEL - HO-F YES NO 50" 3 NAME OF Middle Lost DECEASED Give Bakkman Edward M. (Type or print) **OEATH** S SEX 6 COLOR OR RACE F UNDER 1 YEAR 9 AGE (In years F UNDER 24 HRS 7 MARRIEO NEVER MARRIED lost birthday) July 10, 1903 OIVOR CED W DOWED event 10a, USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working ite, even if retired) United I ron + Metal G. COUNTRY? in any Come Oberator (ret U-5-A. 13 FATHER'S NAM certificate should be executed within 17. INFORMANT pup or removal. (Yes, no or unknown) [( fives give wor or dotes of service) 12-77-7394 Mrs. Ellen M. Ballman (Wife) The CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c) PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH .MMEDIATE (AJSE (D) Celevanles else C.V. used as a burial-trai DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse lost. 19 WAS AUTOPSY PERFORMED? PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL O SEASE CONDITION GIVEN IN PART 1(0) NO K 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 1 of Item 18) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c. TIME OF .N. URY Month, Doy, Year Hour om. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) foctory, street, office bldg., etc.) Not While ot work at work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection . and in my apinian Inquiry . death resulted from: Notural causes Accident Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNEO ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY *OEPUTY MEDICAL EXAMINER* **EXAMINER'S** 5 may b ro FUNER Health o NAME (Type) Address (Street, city, town, or county) 230. BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) REMOVAL (Specify) Hoven Mem. Park Glen Burnies APR 26 19 24 FUNERAL OIRECTOR VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04667 requires that the death certificate be executed within 24 hours after death. completely filled in by the funeral ove corbon papers Pages I and y event, within 72 hours after deati PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Anne Arundel Marvland b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Crownsville State Hospital 48 Market Place YES NO THE 3 NAME OF Middle Lost 4. DATE Month Year Doy DECEASED OF (Type or print) 3-# Frank Baskes 1966 DEATH IF UNDER 24 HRS. S SEX 9. AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Doys Hours Nov. 18,1921 Male Jhi te WIDOWED | DIVORCED 100 LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if ret red)
Construction worker INDUSTRY COUNTRY? Jvomina 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremotion, or remavol, phylina Joseph Baskes Sophie Baskes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) ((If yes give wor ar dates of service) Hospital Recrods 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p burial, cremotic Hepatic Failure PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DHE TO Chronic Alcoholism Conditions, if any, which gove rise to immediate couse (a). DUE TO os the stating the underlying cause IO FUNERAL DIRECTOR: After this cartificate hos been director, page 3 should be detoched for use as the PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? detoched for use contact of Health p Acute Brain Syndrome Secondary to Alcoholic Intoxication NO X 20a ACCIDENT WAS UNDERLYING □ 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or fown) (County) (State) 20c. TIME OF INJURY Month, Day, Year - factory, street, affice bldg , etc.) of work bb. to 19 Db, that (I) (we) last 4/25 2). I certify that (1) (this hospital) attended the deceased from 4/21 19 66, and that death accurred at 5: 20 M, fram causes and an the date stated above saw the deceased alive on 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR STAFF PHYS.  $\mathbf{X}$ 4/27/66 director, poge 3 should be filed v M.D PHYS 22d ADDRESS 22c PHYSICIAN'S Crownsville State Hospital, Maryland Benedict, NAME (Type) 23a BURIAL, CREMATION, REMOVAL (Specify) Removal 23d. LOCATION (City or Town) 23b. DATE THEREOF 730 NAME OF CEMETERY OR CREMATORY (County) (State) 5/3/66 Univ. of Marvland Baltimore, Maryland
GISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 108 WADDRESSash. St. Ochanter Jugge m. Takko DATE MAY Annapolis, Md.



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY MaWl and Anne Arundel Anne Arundel after the MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) à hours Glen Burnie Glan Burnia Ξ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE filled carbon papers. ent, within 72 h ON A FARM? Americana Circle North Arundel Hospital 7839 NO goinpletely 3. NAME OF First Middle Month Year Last 4. DECEASED event, 1 April 30 19 HITLI TAM G. RAHER \*SRL 66 DEATH (Type or print) 6. CDLDR OR RACE | 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IIF UNDER 24 HRS. 5. SEX DATE OF BIRTH last birthday) Months I Days Hours 18 March 1904 white Male WIDDWED DIVORCED ( = 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT physician in please in 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? and Pide-Piper Baltimore. Maryland U.S.A. Sales Respresentative certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal Susa Sauer Charles Rauer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. transit permit, cremation, or r death (Yes, no, or unkown) | (If yes give war or dates of service) 214-01-7015 Lillian L. Bauer - Same as #8 the INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause, per line for (a), (b), and (c). signed by th purial transit ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a). been signed the burial tr or to burial, o DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. After this certificate has be detached for use as State Dept. of Health prio (c) CERTIFICATION PARTII, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? YES [ NO TY 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm, (State) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While After Id be d Not While retained by at work at work p.m. AL DIRECTOR: Al page 3 should filed with the S 1946, to 4/30 1965\_, that (i) (we) last 21. I certify that (I) (this hospital) attended the deceased from. \_, and that death occurred at LO AM, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. 66 DIRECTOR \_\_\_ M.D. Page 4 may FUNERAL ADDRESS PHYSICIAN'S director, p NAME (Type) Charles W. Maple Road. Linthicum. Md. Rali NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 5/3/1966 Glen Haven Memorial Pk. Glen Burnie, Maryland Buria REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 1966 VR A15 (4) Glen Burnie. Home/ Md. Sinoleton

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, if institution, Residence before eximission) a. COUNTY 6. COUNTY e. STATE by the and 2: death. Anne Arundel MARYLAND Marvland anne arundel b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) filled in I Pages 1 Severna Park Severna Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddrass) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Benfield Rd. YES NO Benfield 3. NAME OF 4. DATE Middle Day Month Year DECEASED OF (Type or priol) DEATH Villiam Montgamery April 26
AGE (In years | IF UNDER I YEAR Beall IF UNDER 24 HRS. 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Hours e Cal "ale WIDOWED [ DIVORCED | January 6 physician Гетоув 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY dona during most of working life, evan if ratired) ret- well digger Well Drilling Anne Arundel Co.. Ad. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas O. Beall Mary Hammond ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT BOX Address (Yes, no, or unkown) | (Ifyas give wer or dates of service) the th 218-12-9012 r. George Beall-son Crownsville. permit. attending physician, 18. CAUSE OF DEATH [Entar only one ceuse per line for (a), (b), end (c).] INTERVAL BETWEEN has been signed by burial-transit permi ONSET AND DEATH 6 Congestive heart far am PART I, DEATH WAS CAUSED BY-2 dans IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(B) 19. WAS AUTOPSY CERTIFICATION \$ Q PERFORMED? NO USB prior 20a ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 1 20a, PLACE OF INJURY (Homa, form, 1 20f. (City or town) (County) (Siela) factory, streat, office bldg., etc. While Not While Hour a.m. at work at work p.m. DIRECTOR 1962 10 4 26, 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from the saw the deceased alive on April 26 1966, and that death occurred at 9 DM, from the causes and on the date stated above 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED STAFF aho line 10 M.D. PHYS. DIRECTOR PHYS. eath. Page 4 page with it HOSPITAL 22d. ADDRESS 22c. PHYSICIAN'S ERT DABOLINUM 400 filed v 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, lown or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF (Stata) REMOVAL (Spacify) Ç ē Z 30 1966 Baldwin Mem. Cemetery Millersville Burial 256, REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE APR 29 1966 Herarles Junga 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) HONI I G PLINE TE HOME 20M S-63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 94670 The law requires that the death certificate be executed within 24 haurs after death. 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission the attending physician and campletely filled in by the funeral sit permit. Then place remave carban papers. Pages I and PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Anne Arundel MARYLAND Maryland Anne Arus
c CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) Anne Arundel b. CITY OR TOWN (If outside corporate simits, write RURAL and give nearest town) C TENGTH OF STAY IN 16 Annapolis Annanobis 10 days e IS RESIDENCE ON A FARM? d NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 55 Amos Garrett Boulevard YES NO TO Anne Arundel General Hosnital 3. NAME OF Middle 4 DATE Month Lost Doy Year DECEASED 1966 Frances Stehle BEAN April (Type or print) DEATH F UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years S SEX 6 COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthday) Months Hours WIDOWED DIVORCED April 27, 1906 White Female 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 106 KIND OF BUSINESS OR during growt of working uto, even it catired) COUNTRY? DME U.S 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 18 CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c).)
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (o). DIJE TO stoling the underlying couse be retained by the hospital ar attending Page 4 may be retained by the hospital ar attending IO FUNERAL DIRECTOR: After this certificate has been 3 shauld be detached far use as the with the State Dept. af Health priar to 19 WAS AJTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO T 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De, PLACE OF INJURY (Home, form, (City or town) (County) (State) 2Dc TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED Hour o.m. Not While factory, street, office bldg , etc.) ot work of work , 19 0 , to April 30 , 19 66 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram. M, fram causes and an the date stated above. 196 C., and that death accurred at saw the deceased alive an Com 22o, SIGNATURE 5 MEN OF 22b DATE SIGNED ATTENDING PHYS. DIRECTOR M.D. directar, page 3 shauld be filed 22d. ADDRESS 22c. PHYSICIAN S 1407 Forest Drive, Annapolis, Md. NAME (Type) John L. Hedeman, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d., LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b DATE THEREOF (County) REMOVAL (Specify) CCDAR BLUFF CEM. NAPOLIS 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



B1 &		3	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND					
FOR S	STATE	10	04671 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DASTE					
HEALTH	I DEP		1. PLACE OF DEATH.  a. COUNTY  b. COUNTY  b. COUNTY  c. STATE  c.					
>== 0	= 2	MI	HUNE HRUNDE MARYLAND MD- H. H. CO.					
essary, funeral may be	deat.		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Write RURAL and give nearest town)  A DF  TOWN (If outside corporate limits, write RURAL and give nearest town)					
വട്ട	Department after death		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE DN A FARM?					
lay Page	State 1 hours a	- 2	H. A. GENERAL HOSpital R+#4					
and and	the St 72 hou		3. NAME OF DECEASED ( ) First Middle D Last 4. DATE Month Day Year					
2,2 mg/	## HE		(Type or print) CHARLES -) 6 JENDA DEATH - 30 1966  5. SEX   6. COLOR OR RACE   7. MARRIED   8. DATE OF BIRTH   9. AGE (In years) IFUNDER 1 YEAR   IFUNDER 1 YE					
th. 11 ges J	2 with within		WIDOWED DIVORCED 8-27-1924 Hast birthday) Months Days Hours Min.					
de Pa	and		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
after	1		TOOL MAKER RETO BALTIMORE, MD.					
EXAMINER: This certificate should be executed within 24 hours after death. If any delacerificate, writing the word "pending" in pencil in Item 18: Nive Pages 1, 2, and hould be forwarded to the Chief Medical Examiner's Office approximately form PM3.	8 .E		13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME					
24 ho 1 ter Office	File		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no. or unknown)   (If yes dive war or dates of service)					
문 다 기가	permit. removal,		YES WW II 2/7-14-7433 MARGARET L. DENDA "Z					
wit pen mine	pen		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).]  PART I. DEATH WAS CAUSED BY:					
E. E.	ansit n, of		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (9)					
exe indin dica	ial-tr		Conditions, If any, which (b)					
id be	a burial-transit cremation, or		geva rise to immediate cause (a), stating tha DUE TO					
shou word Chie	12 SS -		underlying cause last. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY					
the the	used as a to burial,		PERFORMED! YES NO					
ertifi ing d to	De l	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9)  PERFORMED?  YES NO  ON CONTRIBUTING CONTRIBUT					
his c writ	3 should be agent, prior							
R: Ti	3 sh ager		Hour e.m. While Not While factory, street, office bldg., etc.)					
d be	Page		21. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry , and in my opinion					
the cert	nies. IOR: 1 esign		death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner					
4 th	tor your riles.  L DIRECTOR: Page or its designated		ACTUAL CHIEF MEDICAL EXAMINER 22. DATE SIGNED					
2 Sec 2	101	1.	SIGNATURE M.D. DEPUTY MEDICAL EXAMINER					
DEPUTY lease ex rector.		.,,	EXAMINER'S LINE PROPERTY Address (Street, city, town, or county) 4/56/6					
O DEPUTY please ex director.	retained O FUNER of Healt		238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF GEMETERY DR CREMATORY 23d. LDCATION (City, town of county) (State)  REMOVAL (Specify) 5-4-1966 HOLY REDEEMER BALTIMORE MD					
F	F	0	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE					
VR A	USME (5)	de	DOHN M TAYLOR SOWS HUNGPOLIS MD DATMAY 3 1966 Schanles Judge					



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04672 CERTIFICATE OF DEATH the funeral ages 1 and 2 s after death, requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY o. STATE b. COUNTY ely filled in by the function papers. Pages 1 of within 72 haurs affer d Arne Brundel MARYLAND Maryland b CITY OR TOWN (If autside carparate I mits, write RURAL and give nearest town) c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 16 Crownsville Baltimore month d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? d STREET ADORESS Port Street 724. filled Crownsville State Hospital NOC YES arban 3 NAME OF Edward Middle 4. DATE Month Last Year DECEASED (Type or print) #31597 Bennett OF ,,66 DEATH america S SEX IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF LINOFR 1 YEAR 7. MARRIED NEVER MARRIED етаме birthdoy) White Months Hours Male 1/25/06 WIDOWED DIVORCED 10o USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if ret red b Driver physician ( nen please COUNTRY ? and Baltimore Maryland HEKNOWII 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, Edward Bennett Carrie Unknown 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no or unknown) (If yes give wor or dotes of service)? Lawrence 724 N. Port St. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Myocardial Infarction IMMEDIATE CAUSE (o) 4201 **DUE TO** Conditions, if any, which gove Generalized Arteriosclerosis rise to immediate couse (a). DUE TO stating the underlying couse as the I TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) detached far use te Dept, of Health Diabetes Mellitus NO N 20o. ACCIDENT WAS UNDERLYING [ 205. OESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While factory, street, office bldg , etc.) at work at work , 19 66, ta4/3/ 19<u>66</u>, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased from, 3/21/ 1966, and that deoth occurred of : 05 M, fram causes and on the date stated above. saw the deceased alive on 22o. SIGNATURE 22b. DATE SIGNED MED DIRECTOR 4/4/66 Clenter 图 filed M.D. directar, page shauld be filed 22c PHYSICIAN'S 22d. ADDRESS Crownsville, Maryland NAME (Type) Benedict. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b DATE THEREO (County) REMOVAL (Specify) Baltimore Maryland Baltimore Maryland 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 SANDER & SONS INC. Baltimore Md



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN	ND
	CERTIFICATE OF DEATH	72
funeral 1 and 2 r death.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before a COUNTY of STATE to COUNTY of STA	ore admission)
ifter the fi es 1 after	HARVE HRUNDEL MARYLAND MARYLAND	1
24 hours after death. filled in by the funeral apers. Pages 1 and 2 n 72 hours after death.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give new write RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	earest town)
hour d in rs. I hou	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS  e. IS	RESIDENCE N A FARM?
	North Arundel Hospital Bells Trailer Park YES	
d within 24 hours after inpletely filled in by the farbon papers. Pages 1 eft, within 72 hours after	3. NAME OF DECEASED First Middle Last 4. DATE Month Day	Year
d wi	(Type or print) HALLY (IL IS DOST LANCE DEATH HOLI IL	1966
requires that the death certificate be executed within ding physician.  been signed by the attending physician and completely the burial-transit permit. Then please remove arbon in to burial, cremation, or removal, and in any sevent, within to burial, cremation, or removal, and in any sevent, within the burial.	male winding Market Mar	ours Min.
in a	10a USUAL OCCUPATION (Give kind of work done   10b. KINO OF BUSINESS OR   11. BIRT HPLACE (County & State, or foreign country)   12. CITIZEN OF V	WHAT
e be sician lease and ii	during most of working life, even if retired) INDUSTRY  (ARNIVALOWNER AMUSEMEN) TERALISM: NN = COUNTRY?	
ficat phy en p oval,	13. FATHER'S NAME	
ding renti	15. WAS DECEASE OF VER IN U.S. ARMEOFORGES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	
ath certificate be attending physician rimit. Then please n, or removal, and in	(Yes, no, or unknown) (If yes give war or dates of service) 255-22-9310 HARRY L. BESTLAND - BOX 26 KEA	ea. 1/A
the the ration	1 10 PRICE OF DESTI STAND OF DESTI STAND OF THE STAND OF	L BETWEEN
an. d by ransi	PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sprting Section 12	ANO OEATH
ires that the death certificate be ephysician. It is signed by the attending physician aburial-transit permit. Then please repurial, cremation, or removal, and in	Conditions If any which ) DUE TO Af manual finar	0
anire g ph g ph en s en s en o bu	gave rise to immediate ( )	-
s the ior t	underlying cause last. (c) / mm/hr mumma —	- Car
e lay	PE	AS AUTOPSY RFORMEO?
fr Th	YES 20a. ACCIOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.)	NO [
icians. The law requires that the ospital or attending physician. certificate has been signed by hed for use as the burial-transit. of Health prior to burial, crem.	20a. ACCIOENT WAS UNCERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Pert 1 or Part II of Item 18.) OR CONTRIBUTING   CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
HYS he h this letac Dep	20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 20f. (City or town)	(State)
NG P by t ffer be d State		
END!		(I) (we) last
ATTI reta ECTO 3 sh	22a, SIGNATURE / 22b. DATE SIGNE	
y be of age	Klin Chans X/ + mrav M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 121	16
PITAL 4 ma 6RAL or, p	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS	
TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filled with the State Dept. of Health prior to burial, creating the prior of the purial of the state Dept.	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify)	(State)
10 To	Burial 4/15/66 Glen Haven Glen Burnie, Md.	
np	Raymond C. Fink Glen Burnie, Md. 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATU	KE Lob.
VR AI5 (4) 1 20M 1/65	1 OATE IT 1 1300	<i></i>



, `	Items 18-26 Film 377 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	O = O = 0	14674
delay is the HEALTH DEBA	PLACE OF DEATH  O. COUNTY  Anne Arunde1  b CITY OR TOWN (If guiside corporate limits, write RURAL and give neares	e admission)
Por Physical	Crownsville Linthicum Heights	e IS RESIDENCE ON A FARM?
ages 1, th form form hours	3: NAME OF First Middle Last 4. DATE Month Doy	YES 🗌 NO 🕅
after death 8. Give Page along with the State within \$2 ho	DECEASED (Type or pont)  ANNA  A, BOCK  OF DEATH  April 19	19 <b>66</b>
irs aft 118. C ce alai 12 with	Female White WIDOWED DIVORCED OCTOBER 21, 1932 OST 6 rihdoy) Months Days	Haurs Min
hin 24 hours nail in Item 13 niner's Office pages Tand 2 ?	100 JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b KIND OF 8-SINESS OR 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF MARYLAND  12. CITIZEN OF MARYLAND	WHAT
d within 24 hours after death 1f in pencil in Item 18. Give Pages 1, Examiner's Office along with farm. File pages I and 2 with the State Decord in any event within 32 hours	13. FATHER'S NAME  JOSEPH KLEIN  OLGA REISLER	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or Unknown) (If yes give wor or dates of service)  16. SOCIAL SECURITY NO  212-30-0774  MR. GEORGE S. BOCK, JR. 311 CHEDDING	TON RD.
s certificate should be executed, writing the ward "pending" ifarwarded to the Chief Medica used as a burial-transit perm.		ERVAL BETWEEN SET AND DEATH
ate shauld g the ward ed to the C s a burial-tr cremation,	Conditions, if any, which gove (b) (b) (conditions a convulsive seizure of unknown etiology (b) (conditions are to immediate (ause (a), (b)) (conditions)	эду
ficate ing the rded to as a b	stating the underlying cause (c)  Stating the underlying cause (c)  (c)	
his certifice ote, writing e farwarde be used as to burial,	16	WAS ALTOPSY PERFORMED? ES X NO
# L 20 0	YE  20a EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING I  CAUSE OF DEATH.  20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 1B)  20c T ME OF INJURY Manin, Day, Year Hour a.m.  20d INJURY OCCURRED 20e P.ACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  YE  20a EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING II  COUNTY)  (County)	
<b>Z</b> • ₹ ± % ±	20c T ME OF INJURY Manth, Day, Year 20d INJURY OCCJRRED 20e PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  Pm. 19 at wark of work	(State)
MECHAL EXA please execute director. Page retained far you of the control of the c	27. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	in my opinian
DEPUTY MESTAL EXAM Scessary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page salth or its designated age	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
O DEPUTY necessary, the funeral 5 may be r O FUNERAL Health or it	NAME (Type) Russell S. Fisher, M.D. Address (Street, city, town, or county)	-19-66
TO DEPL necessa the fun 5 may TO FUNE Health	230 BUR AL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County, BURIAL 4-22-66 BALTIMORE NATIONAL CEMETERY BALTIMORE, MARX	YLAND
VR A15ME (5)	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR HILBRARD FUNERAL HOME 4107 WITKENS AVE 21229 DATE DO 1000	



1 10 1	MARYLAND STATE DEPARTMENT OF HEALTH  Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
FOR STATE	04675		CERTIFICATE OF DEATH	04675			
HEALTH DEPT.	PLACE OF DEATH  a COUNTY PA D CO	MARYLAND	2 USUAL RESIDENCE (Where deceased lived, finstrion STATE & D	tu ion Residence before odmissian) DUNTY			
PM3.	b CITY OR TOWN (If outs de carparate I mits, write RURAL and give nearest tawn)  O D D D D D D D D D D D D D D D D D D	in haspital, give street address)	d. STREET ADORESS	e. IS RESIDENCE ON A FARM? YES THOU NO			
after deot 8 Give Po olong with with the St within 72	3 NAME OF DECEASED (Type or print) S SEX 6 COLOR OR RACE	MARRIED NEVER MARRIED	many to the second	Day Year  B 24 1966  IFUNDER I YEAR   FUNDER 24 MRS			
24 h	10a USUAL OCCUPATION (Give kind of work dane during most of warking life, even if retired)  13. FATHER'S NAME	106 KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)  Wagantaww W. V.  14 MOTHER'S MAIDEN NAME	12 CITIZEN OF WHAT COUNTRY? USA			
a e w	15 W/S DECEASED EVER IN . S ARMED FORCES? (Yeldo, orunknawn) If yes give war or dates of s	erv ce)	Whendaua Metz Informant Barman	Morgantova.  Morgantova.  Interval Between			
ote should the word of to the Cl	PART 1 OEATH WAS CAUSED BY.  IMMEDIATE CAUSE (d)  Y 2 5 4 DUE TO  Cond tions, if ony, which gove use to immediate cause (a), storing the underlying couse last.  (c)		<u> </u>	ONSEL AND DEATH			
This certifications, writing be forwarde in the used os in the burial, in to burial,		TRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  (Enter nature of injury in Part I or Part II of term 18.)	19 WAS AUTOPSY PERFORMEO? YES NO			
# _ P.O	20c TIME OF INJURY Month Day Year	20d N.URY OCCURRED 20e PLA	CE OF INJURY (Hame, tarm arry street, office bldgr, etc.)  (City ar tawn)	(County) (State)			
O DEPUTY MEDICAL EXAMINER: necessory, p ease execute the certi- the funeral director. Page 4 should 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should Health or its designated agent, pri	death resulted from . Natural	of the remains described above, be	ide, Homicide Undetermined	quiry and in my apiniar manner 22. DATE SIGNED			
O DEPUTY In necessory, posterior of the funeral of Funeral Health or its		mak at.	M_D ASSISTANT MED.CAL EXAMINER OPPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	4/24/16.			
TO D The Co	230 BURIA., CREMATION, 23b. DATE THERE REMOVAL (Specific 4 2 7 - 2 7 - 2 4 JUNERAL DIRECTOR	23c NAME OF CEMETERY OR  -66 It Glau  ADDRESS C	ge Cem. Lucher C  250 RECO BY REGISTRAR 25b.	County) (State)  County) (State)  County)  REGISTRAR S SIGNATURE  Clearly Judge			
644 1 /66	KUI III, TII I When I den	an Karel IV	DATAPR 2 9 1966	march Judge			



STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEAT USUAL PESIDENCE (Whare deceased lived, if institution, Rysidence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 outside corporete I in tsywrife RURAL and give nearest town) . IS RESIDENCE ON A FARM? M ddle DECEASED {Type or print} DEATH 19/ SEX AGE (In years | IF UNDER 1 YEAR DATE OF BIRTH IF UNDER 24 HRS last birthday) Months Days Hours 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN QA-WHAT COUNTRY? Saged MOTHER'S MAIDEN NAME DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (Ifyes a vewer or dates of service 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) **burial-transit** PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ( DUE TO Conditions, if any, which (b) cremation, m gave rise to immediata cause DUE TO SB (a), stating the underlying causa last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION burial PERFORMED? NO [ pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of dem 18.) 2 PRIMARY | or CONTRIBUTING ge 3 si CAUSE OF DEATH. the Trage 20e, PLACE OF INJURY (Home, farm, ; 20f. (City or town) 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. Whila Not While at work at work 19 21. I certify that I took'charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from. Suicide Vatural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED 2 SIGNATUR DEPUTY MEDICAL EXAMINER ö **EXAMINER'S** NAME (Typa) please 4 shoul O FUN Health Address (Street, city, town, or county) BURIAL, CREMATION ( 22b. DATE THEREO NAME OF CEMETERY OR CREMATORY

Stat

within 24 hours after 18. Give Pages 1, 2, a h form PM3. Page 5

EXAMINER: This certificate should be executed ate, writing the word "pending" in pencil in frem

DEPUTY

VR A15ME 5M 1/62

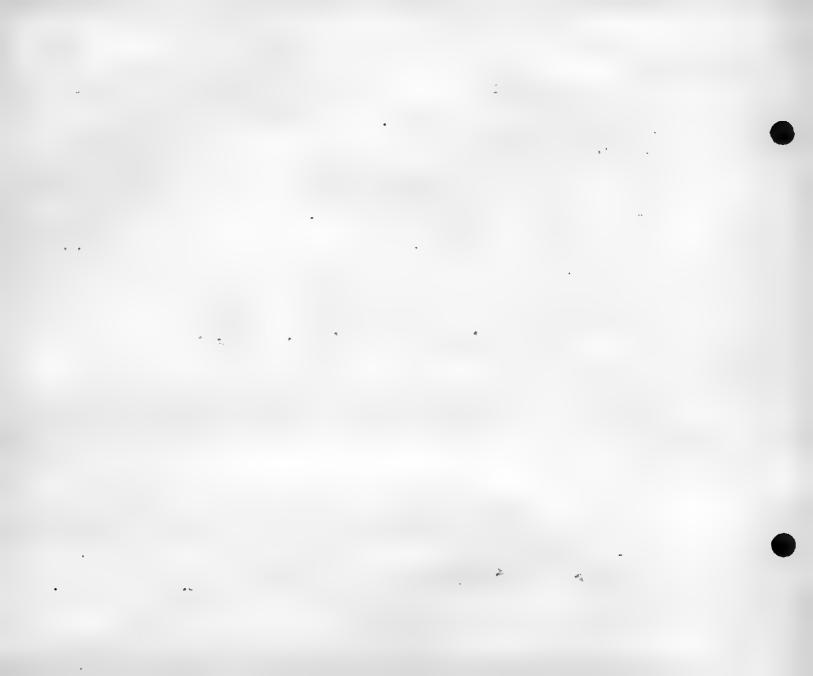
writing the word Chief Medical E

DIRECTOR: 2

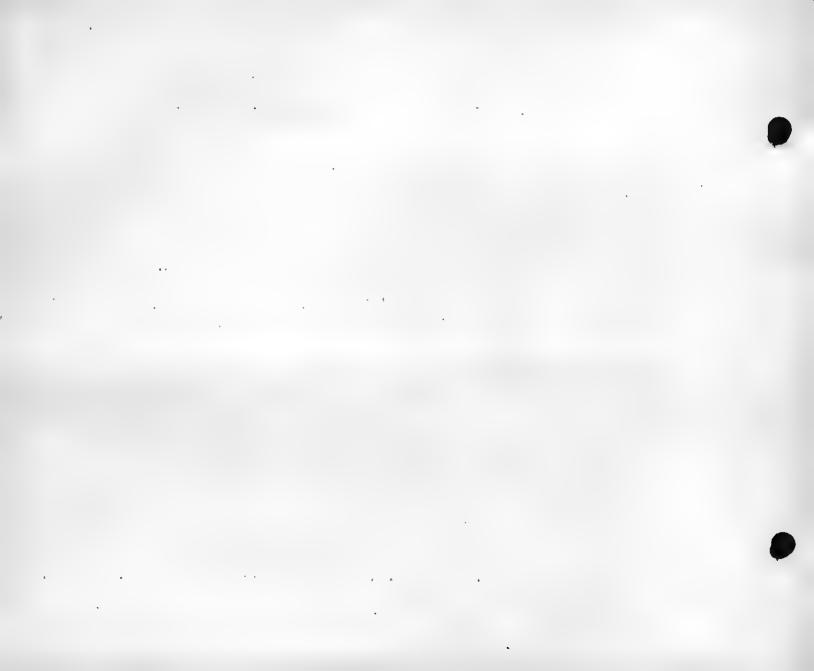
Office along



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH by the funeral Pages 1 and 7 death. requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY o STATE b. COUNTY Anne Arundel MARYLAND New York Franklin b. CITY OR TOWN (If outside corporate mits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURA, and give nearest town) 12 hrs. Annapolis Malone completely filled in d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? 466 Anne Arundel General Hospital YES NO V 3 NAME OF Premove corbon First Middle Last 4. DATE Month Dov Year DECEASED BRENNAN 1966 Anne Cooney April 10 (Type or print) DEATH S. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH 9 AGE (In years lost birthdoy) White Feb. 14. Female WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT during prost of working life, even if retired) COUNTRY? INDUSTRY OME New York 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME or remaya OONEY 16. SOCIAL SECURITY NO. INFORMAN1 (Yes, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) )
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN **burial-transit** IMMEDIATE CAUSE (o) DUE TO signed I burial, Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse Page 4 may be retoined by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been os the prior to lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use with the State Dept. of Health NO X YES -20o ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (Stote) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) Hour o.m. factory, street, office bldg, etc.) Not While 21. I certify that (1) (this beset all attended the deceased fram April 10, saw the deceased glive an April 10 1966, and that death accurred at 1966 to April 10\_, 1966, that (1) (100) last M, from couses and on the date stated above. 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D. PHYS. PHYS. director, poge 3 should be filed 22d. ADDRESS 22c. PHYSICIAN" NAME (Type) 121 Cathedral St., Annapolis, Md. 23o. BURIAL, CREMATION DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) ST. VOSEPH ALONE CEM. 256 REGISTRAR'S SIGNATURE 2Sq REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



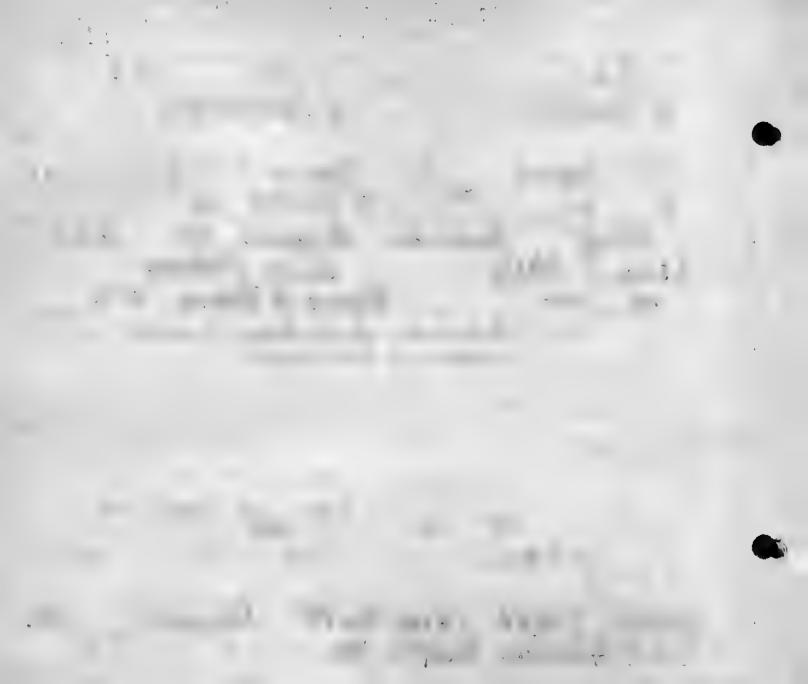
1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
0	N/-	CERTIFICATE OF DEATH
er death.	er death	1. PLACE OF DEATH a. COUNTY A. COUNTY A. STATE A. COUNTY A. STATE A. COUNTY A. STATE A. COUNTY A
by the f	hours att	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
24 hours filled in by	72 ho	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give, street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
hin hin sely fi	within 72	3. NAME OF First Middle Last 14. DATE Month Day Year
l with	*	(Type or print) LOKE HA PKOOKS DEATH 4 - 13 19 (66
executed within and completely femove Sarbon or	)	5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
be cian	and in	108-USUAL OCCUPATION (Give kind of work done Industry) 12. CITIZEN OF WHAT COUNTRY?
certificate nding physi	removal,	13. FATHER'S NAME
	or ren	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service)
he de	cremation	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  ONSET AND DEATH  ONSET AND DEATH
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or attending physician.  FUNERAL OIRECTOR: After this certificate has been signed by the atterment of the page 3 the injal transit nemity.	to burial,	Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO
TO HOSPITAL OR ATTENDING PHYSICIAN: The law require Page 4 may be retained by the hospital or attending to FUNERAL DIRECTOR: After this certificate has been director page 3 chould be detached for use as the	alth prio	Underlying cause last. ) (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMEO?  YES \( \) NO \( \)
ICIAN: 1 cospital certific	ot. of He	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMEO?  YES NO  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  19. WAS AUTOPSY PERFORMEO?  YES NO  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
C PHYSICIA by the hospi ter this cert	rate Der	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)    Hour a.m.
ATTENDING retained by CTOR: After	the Si	21. I certify that (I) (this hospital) attended the deceased from 3/3/, 19/4, to 7//3, 19/4, that (I) (we) last saw the deceased alive on 19/4, and that death occurred at 750M, from the causes and on the date stated above.
OR AT	iled with	22a. SIGNATURE 22b. DATE SIGNED  M.D. ATTENDING MEO. OIRECTOR PHYS. 22b. DATE SIGNED
HOSPITAL age 4 may FUNERAL	ld be fi	22c. PHYSICIAN'S NAME (Type) Wayne B. Tate, M.D.   22d. AODRESS   108 Central Ave., N.W. (G.B.)
TO HC Page TO FU	shou	23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  REMOVAL (Specify) 4-16-66 mt Calvany 2nd
VR A15 (		24 FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. RELISTRAR'S SIGNATURE OATE APR 21 1966 GUARDES SIGNATURE
20M 1/6	55	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 24 hours after death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY by the finance by the formula after Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Annapolis C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 35 yrs. Annapolis bon papers. within 72 h filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARMZ Box 534 Anne Arundel General Hosmital YES completely executed within pon' 3. NAME OF DECEASED First Middle Last 4. DATE Month Year OF DEATH **JOSEPHINE** ALVERTA BROWN April (Type or print) 19 66 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED crain and com 5. SEX DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. Female Negro Feb. 8-1899 WIDOWED DIVORCED [ 1DB. USUAL OCCUPATION (Give kind of workdone type in the control of the control o 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? e attending physicial ermit. Then please on, or removal, and i death certificate be A.A.Co. Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albert Brower Virginia Alton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the attenthe burial-transit permit. (Yes, pe, or unkown) (If yes give war or dates of service) 219-26-2005 Albert A. Brown-Arnold, Maryland A.A.Co. 18. CAUSE DF DEATH [ Enter only one cause per line for (a), (b), and (c); INTERVAL BETWEEN that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PHYSICIAN: The law requires that to the hospital or attending physician. **DUE TO** Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the certificate has be thed for use as the ot. of Health prior to underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES [ NO 🗀 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this certifid be detached for State Dept. of H DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While TO HOSPITAL OR ATTENDING Page 4 may be retained by p.m. 19 at work at work FUNERAL DIRECTOR: A lirector, page 3 should hould be filed with the 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on A and that death occurred at \_M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS director, p should be NAME (Type) A.T.Allen Cathedral St. Annapolis, Md. BURIAL, CREMATION,; 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial April 17-66 Bestgate Rd. Annapolis. Pine Lawn REC'D BY REGISTRAR I 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE C.E.Hicks 111 Annapolis, Md. VR AI5 (4) 20M 1/65

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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,  (1468() CERTIFICATE OF DEATH	MARYLAND () 4 (Sk))
1.	PLACE OF DEATH  C. COUNTY  MARYLAND  D. CITY ON TOWN (if outside corporate limits, write RURAL as C. LENGTH OF STAY IN 15)  C. LENGTH OF STAY IN 15	4. Co-
-	ST. HARGHE ST. ST. HARGHE TS  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)  ST. HARGHE TS  d. STREET ADDRESS	6. IS RESIDION A FA
	NAME OF DECEASED (Type or print)  SEX. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  B. DATE OF DEATH  4. DATE Month OF DEATH  9. AGE (If years   IF UNDER MARRIED) Months Months	
d	WIDOWED DIVORCED 7-890 15 yrs.  WISUAL OCCUPATION (Give kind of work ne during pour of working life, even if refired)  HOUSE WIFE HUNAPOLIS MD-	ITIZEN OF WHAT COL
)	e, no, of unknown) (If yes give water dates of service)	
==	TB. CRUSE OF DEATH [Enter only one cause por line for (e), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Plannefic breat disan, E mithal	INTERVAL BETWI
	Conditions, if any, which gave rise to immediate couse (a), stelling the underlying DUE TO  DUE TO aux affracing + acrtic atends.  DUE TO  DUE TO  DUE TO	-
HICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(e) 19. WAS AUT PERFORM YES N
MEDICAL CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year  Hour a.m.  20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm factory, street, office bidg., etc.)	ounty) (Si
	21. 1 certify that (I) (this hospital) attended the deceased from. 22. 1964, to	22b. [
/	22c. PHYSICIAN'S NAME (Type)  ATTENDING MED. STAFF PHYS. DIRECTOR	4/1/66
7 7 3	SUNCIAL DIRECTOR'S GIGNATURE A ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS AND REGISTRAR V256, REGISTRAR V256, REGISTRAR	//1 Seignature
	WHN M. TAYLOR + SONS HOUAPOLIS, MD - APR 13 1966 yollanlas	Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. funera and death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY HUNE MARYI AND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) oon papers. Pag within 72 hours 13ALTIMORE RUNNSCILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? FLEVOEL 20 NO YES ve carbon event, with 3. NAME OF First Middle Last 4. DATE Month Day DECEASED BROWN comple 1966 (Type or print) ILLIAM DEATH and con 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days Hours NEGLO WIDOWED DIVORCED A 1Da. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? ALTIMOREZ death certificate nding physical Then pled removal, and remova 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ed by the attending patransit permit. Then, cremation, or remova CALISE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) [(If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) gned been signed the burial-tr or to burial, o DUE TO NEUMONIA Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate the hospital or OUPHILLIS ENTRAL ONSTEM YES T NO C 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) tached 1 Dept. of MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While o.m. 19 at work at work retained 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 5/6 M. from the causes and on the date stated above. DIRECTOR ige 3 sho led with t saw the deceased alive on 22a, SIGNATU DATE 22b. ATTENDING MED. DIRECTOR STAFF M.D. PHYS. PHYS. тау O HOSPITAL PHYSICIAN'S FUNERAL director, p 22c. 22d ADDRESS NAME (Type) DEUNARINE 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, REMOVAL, (Specify) 23b. DATE THEREOF LOCATION (City, town or county) (State) 2 fruioze. **FUNERAL DIRECTOR** 25a. REC'D BY REGISTRAR | 25b. VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04682 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. deo campletely filled in by the funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY o STATE b. COUNTY Anne Arundel b. CITY OR TOWN (If outs de corporate limits, write RURAL and give negrest town) MARYLAND Maryland CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) 10 days Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 286 West St. Anne Arundel General Hospital NO F 3 NAME OF 4. DATE East Month Day Year DECEASED BROWN Edward 19 66 William 15 April (Type or print) DEATH IF UNDER 1 YEAR S SEX 6 COLOR OR RACE 9 AGE (In years T IF UNDER 24 HRS. 7. MARRIED B. DATE OF BIRTH NEVER MARRIED lost\_birthdoy) WIDOWED DIVORCED October 23, 1903 Negro 10g. JSLAt OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S. please the attending physician sit permit. Then please Maryland 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME John Wesley Brown Annie Simms 16. SOCIAL SECURITY NO. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates af service) 214-05-0701 Ruby P. Brown-286 West St. Anna. Md. IB. CAUSE OF DEATH (Enter only one couse per hine for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate couse (a), DUE TO stating the underlying cause Page 4 may be retained by the hospital or attending IO FUNERAL DIRECTOR: After this certificate has been as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? far use NO I 20a ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER! 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Not While factory, street, affice bldg, etc.) at work at wark 21. I certify that (I) (this haspital) attended the deceased fram 15 19 66, and that death accurred at 15, 1966, that (I) (we) last , to April directar, page 3 shauld shauld be filed with the M, fram causes and an the date stated above. 22a. SIGNATURE DATE SIGNED MED DIRECTOR M.D. **ADDRESS** 22c. PHYSICIAN'S ALLENI NAME (Type) 23a. BURIAL, CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BREMOVAL (Specify) Bestgate Rd. Annapolis, Md. Apr. 20-66 Pine Lawn 25b REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR C.E.Hicks 111 Annapolis, Maryland VR A15 (4) 20 M 1/66



100	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	CERTIFICATE OF DEATH
after death. the funeral ges 1 and 2 after death.	1. PLACE OF DEATH a. COUNTY  2. USOAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. STATE b. COUNTY
rs after by the ? Pages 1 urs after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  write RURAL and give nearest town)
2 5 5	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE
fille pape	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?  YES A. NO
executed within 24 ho	3. NAME OF DECEASED (Type or print) ERNEST PRESTON Cottenton   4. DATE Month 29 Day Year (Type or print) PRESTON Cottenton   1966
cuted d comi	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. ACE (in years   FUNDER 1 YEAR   FUNDER 24 HRS.  10. ACE (in years   FUNDER 1 YEAR   FUNDER 24 HRS.  10. ACE (in years   FUNDER 1 YEAR   FUNDER 24 HRS.  10. ACE (in years   FUNDER 1 YEAR   FUNDER 24 HRS.  10. ACE (in years   FUNDER 1 YEAR   FUNDER 24 HRS.  10. ACE (in years   FUNDER 1 YEAR   FUNDER 24 HRS.  10. ACE (in years   FUNDER 1 YEAR   FUNDER 24 HRS.  10. ACE (in years   FUNDER 1 YEAR   FUNDER 24 HRS.  10. ACE (in years   FUNDER 1 YEAR   FUNDER 24 HRS.  10. ACE (in years   FUNDER 1 YEAR   FUNDER 24 HRS.  10. ACE (in years   FUNDER 1 YEAR   FUNDER 24 HRS.  10. ACE (in years   FUNDER 1 YEAR   FUNDER 24 HRS.  10. ACE (in years   FUNDER 1 YEAR   FUNDER 24 HRS.  10. ACE (in years   FUNDER 1 YEAR   FUNDER 24 HRS.  10. ACE (in years   FUNDER 1 YEAR   FUNDER 24 HRS.  10. ACE (in years   FUNDER 1 YEAR   FUNDER 24 HRS.  10. ACE (in years   FUNDER 1 YEAR   FUNDER 24 HRS.  10. ACE (in years   FUNDER 24 HRS.  10. ACE (in yea
n, \8.a.#	10a.USUAL OCCUPATION (Cive kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)  11b. BIRTHPLACE (County & State, or foreign country)  11c. CITIZEN OF WHAT COUNTRY?
	FARMER TOBSCCO Maryland USA  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
certific	ERNEST Albert Cotterton Annie ELizobeth Stallings 15. WAS DECEASED EVERINU.S. ARMED FORCES?   16. SOCIAL SECURITYNO.   17. INFORMANT Address
eath eath a ter	(Yes, 110, or unknown) (If yes give war or dates of service) 218.36.3093 Carrie B. Catherton, Bristol
law regulres that the death certificate trending physician. has been signed by the attending physics the burial-transit permit. Then ple prior to burial, cremation, or removal,	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (g).]  PART I. DEATH WAS CAUSED BY:
s that ysicla igned rial-tra	IMMEDIATE CAUSE (a).  DUE TO  DUE TO
The law requires that to or attending physician. The steen signed buse as the burial-transialth prior to burial, cre	Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO
law r attend has t e as t e as t	Underlying cause last. ) (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY PERFORMED?
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PHYSICIAN the hospit r this cert detached te Dept. of	
<b>⊡</b> ≥ 2 2 2 2 2	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, left of the bidg., etc.)   4 (City or town)   (County)   (State)   (City or town)   (State)   (City or town)   (State)   (City or town)   (County)   (State)   (City or town)   (County)   (State)   (City or town)   (County)   (County)
4 4 7	21. I certify that (I) (this hospital) attended the deceased from
L OR ATTEND! y be retained DIRECTOR: A age 3 should ified with the	22a. SICNATURE 22b. DATE SICNED
Page 4 may be TO FUNERAL DIR Girector, page 3 should be filed w	M.D. ATTENDING MED. DIRECTOR STAFF DIRECTOR 22c. PHYS. DIRECTOR 22d. ADDRESS
Page 4 may T FUNERAL D director, page should be fill	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
E	24. FUNERAL DIRECTOR ADDRESS 258. REC'D BY REGISTRAR 250 REGISTRAR'S (IGNA) URE
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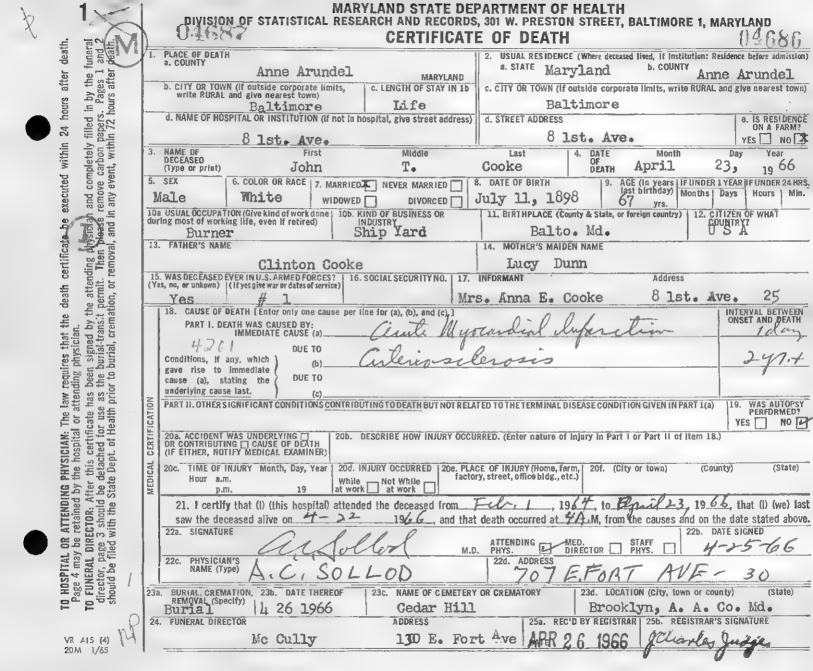
	1/20		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M.	
•	MIL		04584 CERTIFICATE OF DEATH	ARYLAND OACCA
	death.	1.	PLACE OF DEATH	esidence before admission)
			a. STATE MORILAND b. COUNTY An	- name
	rs aft by th Pages urs aft		b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENCTH OF STAY IN 1b c. CITY OR TOWN (if odiside corporate limits, write RURAL)	and give nearest town)
	in by the s. Pages 1 hours after		BATTITHE Glan Buen, Hiday Sever 11.	/
	24 hours after filled in by the papers. Pages 1 in 72 hours after		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
		7 2	NAME OF FIRST MIDDLE Last LA BATE MORELL	YES NO 4
	within 24 ho	3.	DECEASED DATE MONTH	Day Year
	ted Solve	5.	SEX   6. COLDR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER )	1964 LYEAR IIF UNDER 24 HRS.
	and co		F W. WIDOWED DIVORCED 0-3-74 (ast birthday) Months	Days Hours Min.
	a ian	10 du	2. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (Gounty & State, or foreign country)   12. CIT	TIZEN OF WHAT
	cate be physician please	13	Home MAKET OWN Home BAITIMORE, MAYYLAND U	L.S.14.
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	The law requires that the death certificate be executed within or attending physician. Some steel of the attending physician and completely ruse as the burial-transit permit. Then please remove darbon is east the burial or cemation, or removal, and to any event, with	C	(es, no, or unkown) (If yes give war or dates of service) 212-54-9800 DOVIS ITA/IUNGA	CAS
	the type		18. CAUSE OF DEATH [Enter only one cause per line for,(a), (b), and (c).]	INTERVAL BLOWEEN
	t th an. an. ansi		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) / Leart failure	ONSET AND DEATH
	tha /sici gnec jai-tr iai-tr	1	1234 DUE TO	8
	ires physical in si bur bur		Conditions, if any, which gave rise to immediate (b)	
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	law atten has e as e as	5	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)	19. WAS AUTOPSY
		CAT		PERFORMED?
	A THE THE	CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	HYSICIA ne hospi his cert etached Dept. of			
		MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 20f. (City or town)   Hour a.m.   While   Not While   factory, street, office bidg., etc.)	ity) (State)
	After d by 1 d be o	18	p.m. 19 jat work   j	·
			21. I certify that (I) (this hospital) attended the deceased from 3/28, 1965 to 4/, 1966 saw the deceased alive on 1966, and that death occurred at 8.5 M. from the causes and on the	_, that (I) (we) last
	ret ret 3 st with		22a. SIGNATURE   22b. DA	TE SIGNED
	or began	,	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 14	11/66
	PITA me RAL or, p		22c. PHYSICIAN'S NAME (Type)	
	TO HOSPITAL OR ATTENDING Page 4 may be retained by TO FUNERAL DIRECTOR. After director, page 3 should be should be filed with the State	23	BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or coun	(01-1-1)
	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	0	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or counterly)  BULYIAI April 5, 1966 Friend Ship Cemetery Severn	nty) (State)
		24	ADDRESS 25a. REC'D BY RECISTRAR 25b,	SIGNATURE
	VR A15 (4) 1/65		TV. Singleton Glen Butmie, met DAPR 11 1966 fluorles	Judge
	20M 1/05			6



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed I vad, If institution: Residence before edmission) e. COUNTY **b.** COUNTY Anne Arundel California MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN Th c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL and give naerast town) Annapolis Garden Grove d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Anne Arundel General Hospital 9101 LeGrange Street YES NO X 3. NAME OF M'ddla 4. DATE DECEASED KENT (Type or print) CODY DEATH April 20 66 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X B. DATE OF BIRTH 9. AGE (In years I F UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days WIDOWED [ January 13, 1946 Male White DIVORCED [ 10e. USUAL OCCUPAT ON (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? California Long Beach USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ternible trafficient Richard Roland Cody Kathleen Carrier 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO., 17. INFORMANT acune 558-64-037 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bilateral Hemothorax IMMEDIATE CAUSE (e) Office DUE TO TOVA Rupture of Aorta. Conditions, if any, which (b) gave rise to immediate causa **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of Itam 18.) PRIMARY X or CONTRIBUTING CAUSE OF DEATH. Passenger in auto-auto accident. MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) 20c, TIME OF INJURY Month, Day, Year (County) (Slefa) fectory, streat, offica bldg., atc.) Not While O HourXXX 1966 Street Annapolis A.A. Md. of work 21. I certify that I took charge of the remains described above, held an Autopsy [4]. Inspection [7]. Inquiry and in my opinion Azcident X Natural causes Suicide Undetermined manner death resulted from: Homicide CHIEF MEDICAL EXAMINER should be forward by FUNERAL DI ACTUAL ASS STANT MEDICAL EXAMINER & DATE SIGNED SIGNATURE 5/1/66 DEPUTY MEDICAL EXAMINER EXAMINER'S Charles S. Petty, M.D. NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 226. BURIAL, CREMATION, 22d. LOCATION (City, Jown, or country) (Steta) Cemetery & Mausoleum, 4400 Cherry Ave., Long Beach California <u>\_</u>\_40 9 24e. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VS. A15ME SM 7/59







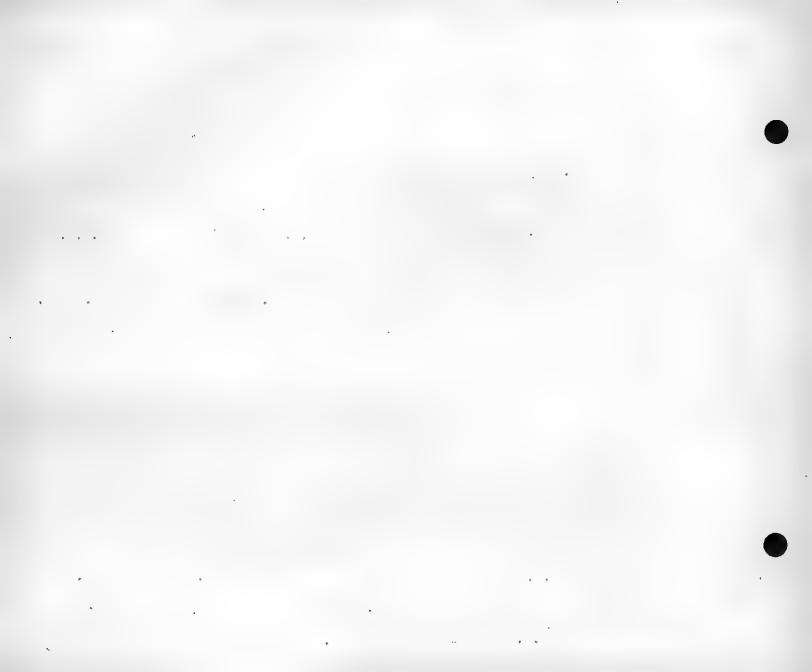


MEDICAL EXAMINER'S CERTIFICATE OF DEATH  1. PLACE O	1(M)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
A. COUNTY ANNE ARUNDEL  A. COUNTY ANNE ARUNDEL  A. COUNTY ANNE ARUNDEL  B. CITY OR TOWN (IT outside corporate limits, c. LENGTH OF STAY IN D. C. CITY OR TOWN (IT outside corporate limits, with 8 UBAL and give nearest town 1.0 C. CITY OR TOWN (IT outside corporate limits, with 8 UBAL and give nearest town 2.2 C. PARS  GLEN BURNIE  J. C. CLENGTH OF STAY IN D. C. CITY OR TOWN (IT outside corporate limits, with 8 UBAL and give nearest town 2.2 C. PARS  GLEN BURNIE  J. C. CLENGTH OF STAY IN D. C. CITY OR TOWN (IT outside corporate limits, with 8 UBAL and give nearest town 2.2 C. PARS  GLEN BURNIE  J. C. CLENGTH OF STAY IN D. C. CLENGTH OF STAY IN D. C. CITY OR TOWN (IT outside corporate limits, with 8 UBAL and 9 UBAL and		
AMNE ARUNDEL  MARYLAND  b. wirt be Rublat and give nearest towns  wirte Rublat and give nearest towns  GLEN BUNRIE  d. NAME OF COURT OF TOWN IT or DOWN IT	HEALTH DEPT.	4 POINTY
D. CHY OR TOWN (IT outside copporate limits, with RURAL and give meanest town)  "It RURAL and give meanest t	**	ANNE APINITEI ANNE ADINITEI
C. NAME OF ROSTITAL OR INSTITUTION (If not in negating gives street address)  C. STREET ADDRESS APT ON ON A FARM!  74.93 FURNACE BRANCH RDAD  74.93 FURNACE	sary nera y be meni	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
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S. SERVE DE STATE DE LOS LOS DE RACE   7. MARRIED   NEVER MARRIED   S. OAIT OF BIRTH   S. AGE (III years) [FUNDER YEARS] [FUNDER ZAMES]   S. OAIT OF BIRTH   S. AGE (III years) [FUNDER YEARS] [FUNDER ZAMES]   S. OAIT OF BIRTH   S. AGE (III years) [FUNDER ZAMES]   S. OAIT OF BIRTH   S. AGE (III years) [FUNDER ZAMES]   S. OAIT OF BIRTH   S. AGE (III years) [FUNDER ZAMES]   S. OAIT OF BIRTH   S. AGE (III years) [FUNDER ZAMES]   S. OAIT OF BIRTH   S. AGE (III years) [FUNDER ZAMES]   S. OAIT OF BIRTH   S. AGE (III years) [FUNDER ZAMES]   S. OAIT OF BIRTH   S. AGE (III years) [COUNTRY]   S. OAIT OF BIRTH   S. AGE (III years) [COUNTRY]   S. OAIT OF BIRTH   S. AGE (III years) [COUNTRY]   S. OAIT OF BIRTH   S. AGE (III years) [COUNTRY]   S. OAIT OF BIRTH   S. AGE (III years) [COUNTRY]   S. OAIT OF BIRTH   S. AGE (III years) [COUNTRY]   S. OAIT OF BIRTH   S. AGE (III years) [COUNTRY]   S. OAIT OF BIRTH   S. AGE (III years) [COUNTRY]   S. OAIT OF BIRTH   S. AGE (III years) [COUNTRY]   S. OAIT OF BIRTH   S. AGE (III years) [COUNTRY]   S. OAIT OF BIRTH   S. AGE (III years) [COUNTRY]   S. OAIT OF BIRTH   S. OAIT OF BIRTH   S. OAIT OF SIGN [THE STORY [TO YAM SET AND STATE ] [COUNTRY]   S. OAIT OF BIRTH   S. OAIT OF SIGN [THE STORY [TO YAM SET AND STATE ] [COUNTRY]   S. OAIT OF BIRTH   S. OAIT OF STATE ] [COUNTRY]   S. OAIT OF SIGN [THE STORY [TO YAM SET AND STATE ] [COUNTRY]   S. OAIT OF STATE ] [COUNTRY]   S. OAIT OF STATE   S. OAIT OF STATE ] [COUNTRY]   S. OAIT OF STATE   S. OAIT OF STATE ] [COUNTRY]   S. OAIT OF STATE   S. OAIT OF STATE ] [COUNTRY]   S. OAIT OF STATE   S. OAIT OF STATE ] [COUNTRY]   S. OAIT OF STATE   S. OAIT OF STATE ] [COUNTRY]   S. OAIT OF STATE   S. OAIT OF STATE ] [COUNTRY]   S. OAIT OF STATE   S. OAIT OF STATE ] [COUNTRY]   S. OAIT OF STATE   S. OAIT OF STATE ] [COUNTRY]   S. OAIT OAIT   S. OAIT OF STATE ] [COUNTRY]   S. OAIT OAIT   S.	affe Spirit	ON A FARM?
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NAME (Type)   Address (Street, City, town, or county)	Y MI Executed For AL I	DEPUTY MEDICAL EXAMINER
24. FUNERAL DIRECTOR  ADDRESS  25a. RECHO BY REGISTRAR 25b. SERVETRAR'S SIGNATURE  VR ALSME (5)  R V STNGLETON  GLEN FURNITE MD DATE	PUT Se e Stor. Ined NER. ealtle	NAME (Type)  -   Address (Street, City, town, or county)
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TO COME OF THE REAL PROPERTY OF THE PROPERTY O	2 2	24. FUNERAL DIRECTOR ADDRESS 125a. PEGIS DE REGISTRAR 25b. DENETRAR DIRECTOR
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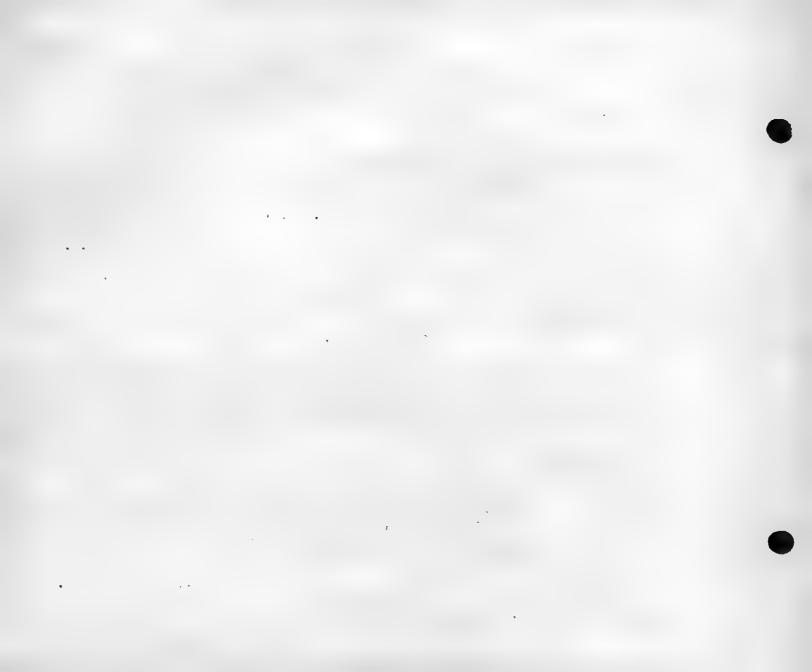


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Maryland Anne Armedel Anne Arundel MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL\_and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Page life Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? filled d. STREET ADDRESS 608 - First Street 608 - First Street NO KO with executed within 3. NAME DE First Middle Last DATE Month Day DECEASED 0F GEORGE WASHINGTON DAVIS April 13 19 66 (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. April 12-1894 Male Negro WIDOWEDX DIVORCED [ 10a. USUAL DCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR during most of working life, even if retired)

Real Estate – self Employed 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be COUNTRY? A.A.Co. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Virgle Davis Peale Mary 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address le attiin permit. 5 (Yes, no, or unkown) | (If yes give war or dates of service) Virginia D. Bryant-606 Second St. Anna. Md. cremation, 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN al-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the burial, the burial, the DUE TO Conditions, if any, which (b) gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED2 YES . 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached for the Dept. of H 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While 19 at work at work p.m. v 195 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the saw the deceased alive on\_ and that death occurred at 200 from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE filed MED. DIRECTOR M.D. PHYS. HOSPITAL ра PHYSICIAN'S NAME (Type) 22d. ADDRESS FUNERAL 22c. TO FUNERAL director, p should be 3 Cathedral St. Annapolis. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF , (Specify) April 16-66 Annapolis - Neck Annapolis, Maryland **ADDRESS** D. BY REGISTRAR 25h PEGISTRAB'S SIGNATURE Ill Annapolis, Md. VR AL5 (4) 1/65



1	ı	t	Division of STATIS		MARYLAND STATE D ARCH AND RECORDS, 30		I <mark>EALTH</mark> EET, BALTIMORE, MARYL	AND 21201	
(M)		046	(30)		CERTIFICAT	E OF DEATH		0468	Q
physician.  signed by the attending physician and completely filled in by the funeral surjointransit permit. Then please remove carban papers. Pages 1 and a buriol, cremation, ar removal, and in any event, within 72 hours ofter death		PLACE OF DEATH o COUNTY	Anne Aru		MARYLAND	0. STATE Mary	Where deceased lived, if institut b (OU)	an-Residence befare admis	sian)
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		d NAME OF HOSPITA	AL OR INSTITUTION (IF no	it in hospital, i		d STREET ADDRESS		e IS RE	SIDENCE FARM?
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	L	NAME OF OECEASED (Type or print)	Esthe	rst <b>P</b>	Middle	DELGADO	4 DATE Mont OF OEATH Apr:	L1 10 1	Year 9 <b>66</b>
	1 "	SEX Female	6 COLOR OR RACE White	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED DIVORCED	8 DATE OF BIRTH Nov. 27, 19:	9 AGE (In years lost birthday) 40 yrs.	Months Ooys Hours	S Min.
	10a dur	JSUAL OCCUPATION ing most of working I	(Give kind of wark done te, even if retired)	10b Ki	IND OF BUSINESS OR IDUSTRY / JOECE.		y & State, or foreign country)  New York	12. CITIZEN OF WHAT COUNTRY?	
	13.	FATHER'S NAME ROBER	TO DE	I G A	n6	14. MOTHER'S MAIDEN	NAME	ADIS	
	IS {Ye	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war or dates o	of service) 16.		INFORMANT DE GUSTAV	E DELGAPO		
or ra bunor, cremanon, ar removar,		18. CAUSE OF DE PART I. DEAT  / / / /  Conditions, if any, rise to immediate stating the under last.	which gave )	(a) TO	(a), (b), and (c)) Melastaly	ievenimes of	breast -	INTERVAL B	DEATH
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	L CERTIFICATION	20a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	THE CALLSE OF OF ATH	20b. OE	SCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in	Part I ar Part II of item 18.)		
	MEDICAL	20c TIME OF INJU Hour a.m p.m	10	20d II While at war	Not While fo	ACE OF INJURY (Hame, fare ctory, street, office bldg., etc.		(Caunty)	(Stote)
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1		22a. SIGNATURE	reverd B	hurd	1		MED STAFF DIRECTOR PHYS.	22b. DATE SIGNED	- 4D010.
I be tiled with the State Dept. of Health prior to		22c PHYSICIANS NAME (Type)	GENTHI	1 0	Iwaell.	22d. ADDRESS 12l Cathe	edral St., Anna	apolis, Md.	
Ω	1	BURIAL (REMATIO REMOVAL (Specify)	4-12	FREOF - 1966	23c NAME OF CEMETERY OF ST. MARY	CREMATORY  3 CM	23d LOCATION (City or To)	1 16 /	(State)
MILI	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	OHN N	1. YAYLOR	Saus	ANNA POLI	S MO DATE	R"1"3"1966 2"/F"	CHEVERY THAT	g Care



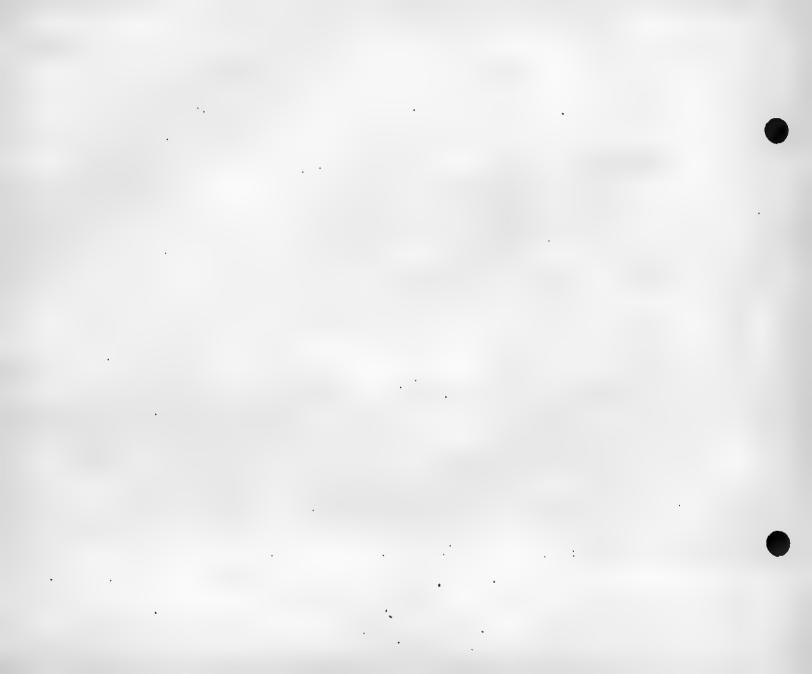
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Maryland after Anne Aruhdel Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) carbon papers. Pas ent, within 72 hours write RURAL and give nearest town) hours Linthicum Linthicum vears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? #510 Shipley Road YES T NO X #510 Shipley Road etely death certificate be executed within 3. NAME OF First Middle Last Month Оач Year DATE DECEASED DF n end comple remove carl in one event, DEATH Mpril 19 66 (Type or print) DISNEY AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 8. DATE OF BIRTH NEVER MARRIED 7. MARRIED WIDOWED V DIVORCED [ May 6. 1895 yrs. Female 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? Neo't Store U.S.A (ret. Arundel Co Md Clerk 13. FATHER'S NAME MOTHER'S MAIDEN NAME Nettie Clark Fulton Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ed by the attenctransit permit. 16. SOCIAL SECURITY NO. Address (Yes, 190, or unkown) (If yes give war or dates of service) Mr. Robert Weldon Disney (son) Balto.Md. 28 6860 INTERVAL BETWEEN on signed by the burial-transit p burial, cremati 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: hospital or attending physician. IMMEDIATE CAUSE (a) 4201 DUE TO Conditions, if any, which acreal yours been : gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. certificate has (c) CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health 1 PERFORMED? YES -ND 🔀 Draws.

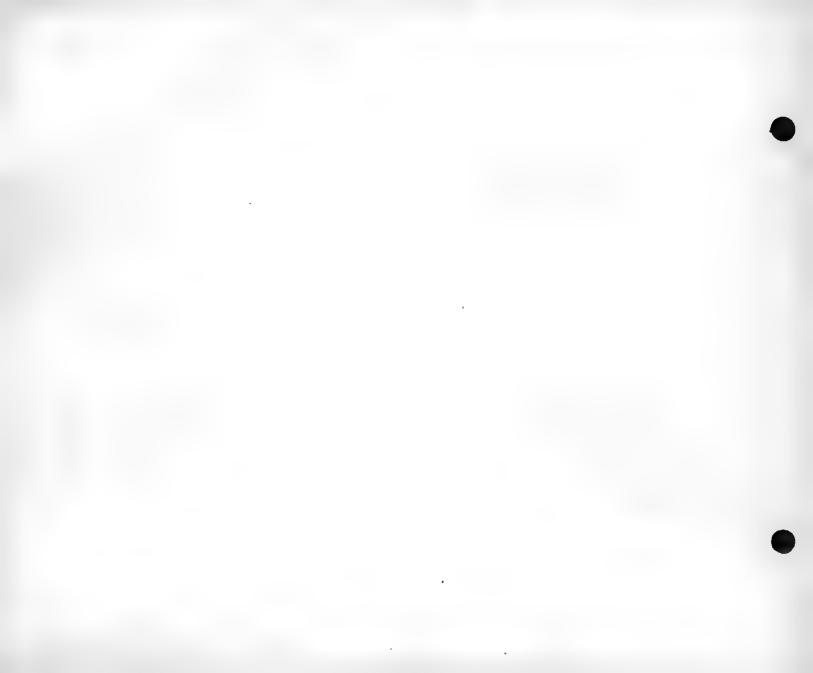
Page 4 may be retained by Cortifical Cortifical Corticists of the director, page 3 should be detached for director, page 3 should be detached for director, he filed with the State Dept. of He 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURREO, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While While ATTENDING at work at work 19 6 that (1) (we) last 1966 to Cenul 21. I certify that (I) (this hospital) attended the deceased from Con-19 6 and that death occurred at 7 3 PM, from the causes and on the date stated above. saw the deceased alive on. Gnrel 22a. SIGNATURE 22b. DATE SIGNED ATTENDING April 18, 1966 DIRECTOR PHYS. M.O. PHYS. PHYSICIAN'S 22d. ADDRESS 22c. director, p NAME\_(Type) Linthicum. Maryland Shiolev. oderick (State) BURIAL, CREMATION, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23b. REMOVAL (Specify) 2 A.A. Co., Maryland Friendship Cemetery April 20/66 Single Appress uneral Homessa, Accord by Registrar 256 Registrar's Signature 24. FUNERAL DIRECTOR VR A15 (4) Glen Surnie. Md. Singleton, 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. 24 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY a. STATE after MAG MARYLAND b. CITY DR TDWN (if outside corporate limits. c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 2 papers. Pag hin 72 hours write RURAL and give nearest town) .⊑ d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? filled d. STREET ADDRESS within h O NO.K NO YES completely carbon NAME DE Middle Day DATE Year DECEASED event, DEATH (Type or print) 1/02 19 I IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. CDLOR OR RACE 8. DATE OF BIRTH AGE (In years sease remove, and in any ever 9. **NEVER MARRIED** last birthday) Months Days Hours physiclan-and WIDOWED DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done ) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS DR (County & State, of Breign country) during most of working life, even if retired) COUNTRY? INDUSTRY death certificate, be attending physermit. Illen pie FATHER'S NAME MOTHER'S MAIDEN NAME 14. 17. INFORMANT ed by the attend transit permit. , cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes pive war or dates of service) INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). burial-transit burial, cremat The law requires that the ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: retained by the hospital or attending physician. IMMEDIATE CAUSE (a) 201 DUE TO Conditions, If any, which (b) peen gave rise to immediate an the prior to DUE TO cause (a), stating underlying cause last. certificate has (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health use PERFORMED? CERTIFICATI ND YES DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part 1 or Part II of Item 18.) 20a, ACCIDENT WAS UNDERLYING T detacled f te Dept. of DR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) S MEDICAL (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) After this be deta TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While p.m. 19 at work at work OIRECTOR: A age 3 should lifed with the S 21. I certify that (I) (this hospital) attended the deceased from 19. that (I) (we) last and that death occurred at AM, from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22b. 22a SIGNATURE liractor, page 3 should be filed v Page 4 may be MED. DIRECTOR ATTENDING PHYS. TO HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRESS 22c. NAME (Type) should (State) LOCATION (City, town pr county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. BURIAL, CREMATION, REMOVAL (Specify) 9 13 1966 25b. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20M 1/65



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	N.	Division of STATISTICAL RESEARCH AND RECORDS, 30	DJ. W. PRESTON STREET, BALTIMORE, MARYLAND	21201
FOR STATE	1	04693 Item 18a MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	04692
HEALTH DEPT.	1	LACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution Re	esidence before admission)
To ge		COUNTY Anne Arundel MARYLAND	o STATE Mary Vand Fa. 6 COUNTY	Del.
delay and 3 13. Pog ment ment r deat		CITY OR TOWN (if outside corporate limits.	c CITY OR TOWN (if outside corporate imits write RURAL on	
y delay 19 2, and 3 to PM3. Page tortment of		write RURAL and give acquest town) Glen Burnie	Laurel Newtown Squa:	re 7 ~ .
n P		NAME OF HOSP TAL OR INSTITUTION ( final in haspital give street address)	d STREET ADDRESS 218 4th Ave.	e S RESIDENCE ON A FARM?
after deoth. If C.y delay is 8 Give Pages 1, 2, and 3 to acong with farm PM3. Page acong with the State Deportment of within 72 hours after deoth.		North Arundel Hospital	Barn/k7////autel/Stables	YES NO
hours after death. I tem 18 Give Pages Office-gong with far ad2 with the State event within 72 hou		IAME OF Fist (John Lioned Danby		Day Year
ive g w g w		Type or print) Lionel J.	Donly DEATH 4	29 19 66
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thin 24 and in 1 miner's pages 1 in ony	-	FATHER S NAME	Newtown Square, Pennal	
in page in	15.	Arthur Danby	14. MOTHERS MA DEN NAME Martha A. Westgarth	
I with per Exor	5	<u>-</u>	INFORMANT Address	
s certificate should be executed e, writing the word 'pending" n farwarded to the Ch ef Medical E used as a buriol transit permit F burial, cremation, or removal.	(Ye		rs. Jennio Stone 218 4th Ave	e, Newtown Sq.Pa
e execute pending" of Medico sit permit	h	18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c))		INTERVAL BETWEEN
be 'pe'	Н	PART DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) Adrenal cortical	hemorrhages (Waterhonse+	ONSET AND DEATH
world word the Ch riol tre rion,	П	77.79	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	10
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ertificate sh writing the rwarded to sed as a bu wrial, crema				19 WAS AUTOPSY
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EXAMINER: cute the certi oge 4 should your fles. Poge 3 shou ed ogent, pri	MEDICAL	2Dc. T ME OF INJURY Manth Day, Year 2Dd INJJRY OCCURRED 2De PL	ACE OF INJURY (Hame form,   2Df (City or town)	(County) (State)
AM e th e 4 our our oge	8	? Hour am 3/30 1966 While Not White for	ctory street, office bldg, etc) Laurel A. A	A. Md.
Pogra Pogra Prog Prog Progra Prog Prog Prog Prog Prog Prog Prog Prog		21. I certify that I taak charge of the remains described above, h		, and in my apin'ar
MEDICAL pleose exe director P etained fo DIRECTOR s designat			cide, Hamicide, Undetermined manner	r 📄
MEDICA pleose e: il director retained L DIRECTOR		ACTUAL / 10 Do	CHIEF MEDICAL EXAMINER	00 0177 ((01170
Y M P M P M P M P M P M P M P M P M P M		SIGNATURE // SIGNATURE	M D ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
Sary, unera y be IERA		EXAMINER'S Werner U. Spitz, M.D.	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	4/29/66
O DEPUTY MEDICAL EXAM necessary, please execute the funeral director Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health or its designated against the statement of the statement o	230	BUR AL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR		(County) (State)
<b>5</b>		DCHOVAL (Sameda)	emorial Gardens Marple Towns	
		FUNERAL DIRECTOR ADDRESS	2So REC'D BY PEGISTRAR 2SIN PSGISTRA	R SIGNAL RE
VR A15ME [5] 6M 1/66	Le	onard J. Ruck, Inc 5305 Harford Rd, H	Balto.   MAY 3 1966	



DIVISION OF STATISTICAL RESEARCH AND RECO TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL REGIDENCE (Where decassed lived, if institution, Residence before admission) e. COUNTY **b.** COUNTY MARYLAND b CTTY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 outside corporata limits, write RURAL and give naerest town) with BURAL and give negrest DAME OF HOSPITAL OR INST in hospital, give street addressin e. 15 RESIDENCE ON A FARM? YES NO X NAME OF DATE DECEASED OF (Type or print) DEATH 19 and cor SEX 7, MARKIED AGE (In Years | IF UNDER TYEAR IF UNDER 24 HRS. NEVER MARRIED lasi birthday) Months Days Hours WIDOWED AL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST punty & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dens during most of working life, aven if prired) MOTHER'S MAJDEN NAME ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Junkown) (If yas giva war or dates of service) signed by the 18. CAUSE OF DEATH [Enter only one cause per ONSET AND DEATH Adv. need Carcingta of Stom ch with metastasis PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) geve rise to immediate cause DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTOPSY PERFORMED? NO X 200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INSURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 2De, PLACE OF INJURY (Home, form, Month, Day, Yaar 2Dt. (City or town) (County) (State) factory, street, office bldg , alc.) Not While While Hour e.m. at work | et work 21. I certify that (i) (this hospital) attended the deceased from......, 19....., to......, 19....., that (I) (we) last .......19......., and that death occurred at 3:1 M. from the causes and on the date stated above. saw the deceased alive on...... 22a. SIGNATURE 22b. DATE ATTENDING \_\_\_\_\_ MED STAFF SIGNED PHYS. DIRECTOR PHYS. FUNERAL 22c. PHYSICIAN S 22d. ADDRESS NAME (Type) 20 Dean St. Annapol s, Theodore⊬H. Johnson, M. D. 23e. BURIAL CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, few) or county) おき O 24 FUNERAL DIRECTOR'S SIGNAT 25e. REC'D BY REGISTRAR 25b. VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04695 FOR STATE PLACE OF DEATH USUAL RESIDENCE (Where deceased yed, if institut an Residence o. COUNTY a STATE **b** COUNTY 2, and 3 to PM3. Page A.A.Co of after death. MARYLAND b CITY OR TOWN (If auts de carparate l'mits. c LENGTH OF STAY IN 16 ( CITY OR TOWN (H outside corporate limits, write RURAL and give negrest town) write RURAL and give negrest town) e IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) STREET ADDRESS hours along with form 725 Hamlen. Item 18. Give Pages NO P YES 🗌 725 Hamlen Rd. hours after death 3. NAME OF 4. DATE Middle Last Manth DECEASED OF 1966 (Type or print DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE NEVER MARR ED last birthday) Months Haurs WIDOWED DIVORCED Aug. 1890 Office 10a USUAL OCCUPATION (Give kind of work dane 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT during most of warking life, even if retired) INDUSTRY COUNTRY? USA the certificate, writing the ward "pending" in pencl in 4 should be forwarded to the Chief Medical Examiner's State Highway Emp. Retired De laplane, Va-13. FATHER'S NAME be executed with Alice Cary Costello File James M. Embrey IS WAS DECEASED EVER IN U.S. ARMED FORCES 16 SOCIAL SECURITY NO. 17. INFORMANI (Yes, no, or unknown) (If yes give war ar dates of service) ar remaval. Mrs. Vera Embrey. same as 2 230-30-7555 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Certerioselcenses This certificate should used as a burial-tr burial, cremotian, DUE TO Conditions, if any, which gave nse ta immediate cause (a), DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO NO certificate, 5 may be retained for your riles.

TO FUNERAL DIRECTOR: Page 3 should be Health ar its designated agent, prior to 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of item 18) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c T.ME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City ar fown) (County) (State) Not While factory, street, affice bldg, etc.) the funeral director. Page at work at wark 21. I certify that I taak charge of the remajors described above, held an Autapsy Inspection 1 and in my apinian death resulted from: Natural couses Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23d BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Ivy Hill Cemetery
ADDRESS 250. RECID BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DAAPR VR A15ME (5) Kirkley Funeral Home, Glen Burnie, Mi.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04696 the attending physician and completely filled in by the funeral sit permit. Then please remove carbon papers. Pages 1 and 2 requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY o. STATE 6. COTINTY Anne Arundel Maryland MARYLAND Anne Arundel b. CITY OR TOWN (If autside carparate imits, write RURAL ond give nearest tawn)

Annapolis c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 2 days RURAL - Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Anne Arundel General Hospital 803 Dreams Landing YES NO IX 3. NAME OF First Middle Last 4 DATE Month Year DECEASED EYSTER John April 19 66 Conrad (Type or print) DEATH B. DATE OF BIRTH IF UNDER 1 YEAR S SEX 6. COLOR OR RACE AGE (in years IF UNDER 24 HRS 7. MARRIED TY NEVER MARRIED lost birthdoy) Male White WIDOWED DIVORCED Nov. 11. 1898 100 JSJAL OCCUPATION (G ve kind of work done 10h KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working, the even if retired INDUSTRY COUNTRY? EWEL RY Pennsylvania 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DHE TO Conditions, if any, which gove in alker rise to immediate couse (a), DUE TO stating the underlying couse Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been for use as the lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? 20o ACCIDENT WAS UNDERLYING [1] 20b. DESERIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING I CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg , etc.) at work 21. I certify that (I) (IRS 166) attended the deceased from 1/2 , I's saw the deceased alive an Apr. 13 19.66, and that death accurred at , 19 6 4 to Apr. 13 , 1966 , that (1) (wis) last saw the deceased alive an Apr. 13 M. from causes and an the date stated above 220. SIGNATURE 22b. DATE SIGNED DIRECTOR director, page 3 should be filed v M.D. PHYS. 22d ADDRESS 22c. PHYSICIAN S CHE'NPH NAME (Type) 6511/11/ Cathedral St., Annapolis, 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) HNNAPOLIS 25b. REGISTRAR'S SIGNATURE VR A15 (III) 20 M 1/66



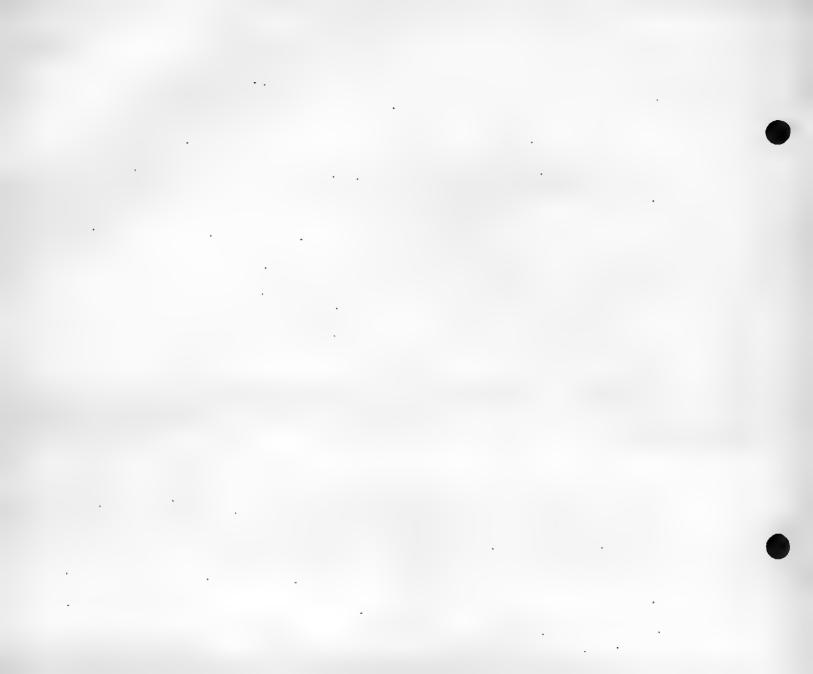
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I. MARYLAND CERTIFICATE OF DEATH within 24 hours after PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY b. COUNTY Anne Arundel MARYLAND Anne Arundel b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown 2. 18 vears Glen Burnie, Maryland Glen Burnie filled : d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? completely papers. 426 Crain Highway 426 Crain Highway executed YES NO THE 3. NAME OF Middle 4. DATE DECEASED OF within (Type or print) DEATH carbon 19 Helen Bertha Fink 6 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX and B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS last bathday) event. Months 7/19/1892 WIDOWED X Female DIVORCED [ attending physician 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or loreign country) I 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired Chesterfield, Virginia Housewife Then please .5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and Thaddeus Crump Taylor The law requires that the removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) ( (If yes give wer or deles of service) 426 Crain Highway S Raymond C. Fink 215-01-3350 permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) ] signed by ö ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, burial-transit be retained by the hospital or attending CCTOR: After this certificate has been significant DUE TO Conditions, if any, which geve risa to immediate cause DUE TO (a), steting the underlying ihe r use as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO UNOTO detached for 20a ACCIDENT WAS UNDERLYING IT 20b/ DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Health OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, ) 20f. (City or lown) (County) State: ŏ factory, street, office bldg., etc.) Not While Hour e.m. DIRECTOR: al work at work å 1926, that (I) (we) last .1926..., and that death occurred at 200M, from the causes and on the date stated above saw the deceased alive on.......... 22a. SIGNATURE 22b. DATE ATTENDING SIGNED eath, Page 4 FUNERAL HOSPITAL page with PHYS. DIRECTOR PHYS. 包 M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type ector, filed 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) 23a, BURIAL, CREMATION, 23b, DATE THEREOF (Steta D. g. B REMOVAL (Specify) Baltimore. Md. Moreland Memorial Park 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A1S (4): Glen Burnie, Md. Raymond C. Fink 20M 5-63



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH after death. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY MARYLAND (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN write RURAL and give nearest town) .= A. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) within 72 ON A FARM? No 🖂 YES etely NAME OF DATE Month Day 3. Middle Flrst OF DEATH DECEASED 19 (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Hours | Min. 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED MAG DIVORCED WIDOWED (County & State, or foreign country) 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR Ξ physician ( COUNTRY? during most of working life; even if retired) INDUSTRY and 2450W 24 Tome certificate 13. FATHER'S NAME removal. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkney) | (If yes give war or dates of service) death cremation, CAUSE OF DEATH | Enter only one cause per .ine for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating has b as th prior t underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION for use Health PERFORMED? certificate YES . NO 5d 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b/ DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part I) of Item 18.) detached from the Dept. of 1 After this (State) (County) MEDICAL 120e, PLACE OF INJURY (Home, farm, 20f. (C)ty or town) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) be de State I Hour a.m. Not While at work at work retained 21. I certify that (I) (this hespitel) attended the deceased from DIRECTOR: and that death occurred at ZAM, from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MED. DIRECTOR filed PHYS. M.D. 22d. ADDRESS TO FUNERAL PHYSICIAN'S 22c. director, p NAME (Type) LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) CYIA FUNERAL DIRECTOR VR A15 (4) 15M 4-64



1 (1)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
E 20	CERTIFICATE OF DEATH
e funer 1 and er deat	1. PLACE OF DEATH a. COUNTY Anne Arundel MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission b. COUNTY  MARYLAND
Sin garage	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH DF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Clen Burne.  BAH MORE
filled paper in 72	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS  ORTHORITAGE  O. IS RESIDENCE  DN A FARM!  YES DND [X]
within pletely arbon it, with	3. NAME DE BECEASED (Type or print) MARY Shipley GALLION DEATH ARRIV 4 1966
me commove commove	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE KM years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Iso birthday)   Months   Days   Hours   Min.   WIDOWED   DIVORCED   9-4-1876   89 yrs.
sician a	1Da. USUAL DCCUPATION (Give kind of workdone during most of working life, even if retired)  1Db. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?
rtificate ng phys fhen pl moval,	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  14. MAPGAROT Flouder
attendi rmit. I n, or re	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unknown) (If yes give war or dates of service)  Me. Capl Callin - Scuera
luires that the deg physician.  en signed by the purial-transit pe burial-transit pe burial, cremation	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, If eny, which  gave rise to immediate  (b)  INTERVAL BETWEEN  ONSET AND DEATH  IC SALL  (c)
	Cause (a), stating the underlying cause last. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Pert II of Item 18.)  (If EITHER, NOTIFY MEDICAL EXAMINER)
SICIAN: hospita s certif sched fo	
be stat	20c. TIME DF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, Post While at work
etained STOR: A Should Ith the	21. I certify that (I) (this hospital) attended the deceased from 1960, to 6, that (I) (we) las saw the deceased alive on 6, 1960, and that death occurred at 1960, from the causes and on the date stated above
At OR A ay be r DIRECT	223 SIGNATURE  M.D. ATTENDING MED. STAFF 122b. DATE SIGNED  22c. PHYS. CIAN'S DIRECTOR PHYS. 22b. DATE SIGNED  22c. PHYS. CIAN'S DIRECTOR PHYS. 22b. DATE SIGNED
HOSPITA IGE 4 IN FUNERA Fector, ould be	DR NAME TYPER. MAC DONAL 236. NAME OF CEMETERY OF CREMATORY 1 23d. LOCATION (City, LOWN or county) (State)
12、12、10、10、10、10、10、10、10、10、10、10、10、10、10、	BUTIAN (Specify) 4-7-66 Mt. View Cemetery Howard Co. Mc.
VR AIS (4)	Harry W. Haight Sylecuite, Md. 10 APR 1 1 1966 Johnster Judge
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours.



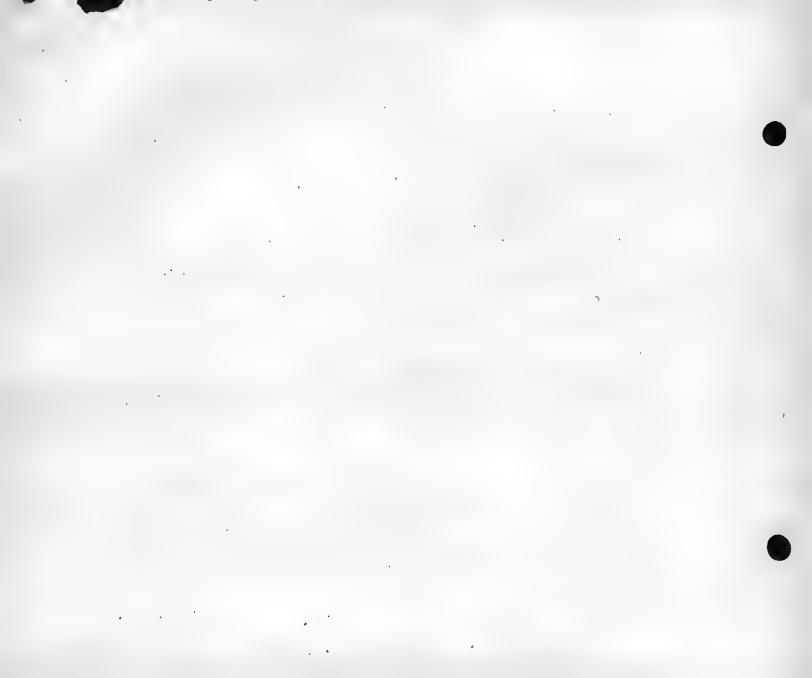
~ L / 1 /	امر	MARYLAND STATE DEPARTMENT OF HEALTH	
	2	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
/ = ( M	A	O4'7()() CERTIFICATE OF DEATH ()4899	
hours after the funeral of 2 should sath.	VI	1. PLACE OF DEATH a. COUNTY b. CITY OR TOWN (if outside corporate lymits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate lymits, write RURAL and give nearest town)	
d ishin 24 aly and a shorts after de	2	write RURAL and give necrest town)  AND ADOM IS  AND ADOM IS  AND ADOM IS  ON A FARM?  AND ADOM IS  NEET ADDRESS  FOR WATER BEACH  ON A FARM?  YES IN ON	
completely		3. NAME OF DECRASED (Type or print)  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. In the print) Months Days Hours Min.	
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the death ce attending phy hen please re ral, and in an		13. FATHER'S NAME  RICHARD H. GASKINS  14. MOTHER'S MAIDEN PLAME  MARY ANN HAMMER  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yas, po, or unknown) [(Iliyesgiye werpordatesofservice)] 79-09-4891 ELLOP GOSKINS  # 2	
equires that I physician. Inches by the sit permit. Took I comove		18. CAUSE OF DEATH JENTER ONly one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO	
The law r r attending i has been sig e burial-tran rial, cremati		Conditions, if eny, which gave rise to immediate cause (a), stating the underlying cause last. (c)	
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PHYS / the ho / this == ad for ur alth pri			,
INDING by almost by deficient of He		Hour s.m.  p.m.  19  While et work et work factory, street, office bldg., etc.)	
ATTE		21. I certify that (I) (this hospital) attended the deceased from	
HOSPITAL, Fath, Page D. FUNERAL D. Fredor, page I in	j	22c. PHYSICIAN'S PANK M SHIPLEY MODRESS  22d. ADDRESS  22d. ADDRESS  WAS CITYPO FRANK M SHIPLEY MANAGERY MANAGE	6
មិន្តូដូ <sub>ថ្នៃ</sub>	,	236. BURIAL, CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. (Scation (City, town of county) (State)  LIP H - 14-60  ADDRESS  23c NAME OF CEMETERY OR CREMATORY  23d. (Scation (City, town of county) (State)  23d. (Scation (City, town	
VR A1S {- 15M 7-62		John M. Tylot fous Umapols, Md. 04PR 13 1968 galantes Judge	-



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY a. STATE Maryland b. COUNTY Anne Anne Arundel n signed by the attending physician and completely filled in by the burial-transit permit. Then please removed garbon papers. Pages 1 burial, cremation, or removal, and in any event, within 72 hours after Arundel MARYLANO b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Glen Burnie c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b hours Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADORESS e. IS RESIDENCE ON A FARM? North Arundel Hospital #404 Delmar Ave. NO X YES! executed within 3. NAME OF Month Flrst Middle Year DATE 4. DECEASED (Type or print) GENT DEATH April 19 66 6. COLOR OR RACE | 7. MARRIEO 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS OATE OF BIRTH NEVER MARRIED last birthday) | Months | Days Hours WIDOWEO [ OIVORCED T 1895 Male 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHA 10b. KIND OF BUSINESS OR INDUSTRY Ritz 11. BIRTHPLACE (County & State, or foreign country) RY Ritz Enterprises The law requires that the death certificate be during most of working life, even if retired) COUNTRY? Baltimore. Md. U.S.A. Movie Projectionist
13. FATHER'S NAME (Ret 14. MOTHER'S MAIDEN NAME George Gent (unknown) Agnes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or Unkown) (If yes give war or dates of service) 215-03-1394 Mrs. Mabel M. Gent (wife Same 85 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) **OUE TO** Conditions, if any, which (b) has been s as the bu prior to bu gave rise to immediate DUE TO cause (a), stating the underlying cause last, (c) FUNERAL DIRECTOR, After this certificate has irector, page 3 should be detached for use as nould be filed with the State Dept, of Health pric CERTIMICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO YES OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING F OR CONTRIBUTING ( ) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While OR ATTENDING P at work et work 1956 21. I certify that (!) (this hospital) attended the deceased from 19/2/2 and that death occurred at .M. from the causes and on the date stated above. OATE SIGNED SIGNATURE 22b. 22a. ATTENOING, PHYS. STAFF PHYS. DIRECTOR M.D. Page 4 may PHYSICIAN'S NAME (Type) ADDRESS 22d. director, p should be i Crain 284 urnia, Md. Hwy. S/W Glen Mac Donald BURIAL, CREMATION, DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) 23b. REMOYAL (Specify) April 12,1965 Loudon Park Baltimore, Maryland Cemeterv Surial REGISTRAR'S 24. FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. 1966 VR A15 (4) Glen Burnie, Md. Richard V. Singleton 15M 4-64



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 7 after death 1. PLACE DF DFATH 2. USUAL RESIDENCE (Where deceased lived, 18 institution; Residence before admission) a. COUNTY y filled in by the fu papers. Pages 1 i hin 72 hours after o b. COUNTY ANNE ARUNDET ANNE ARUNDEL MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) GLEN BURNIE 23 DAYS BALTIMORE #25 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS within 72 24 NORTH ARUNDEL GENERAL HOSPITAL Creswell Road NO within letely completely 3. NAME OF First Middle Last Month 4. DATE Day Year DECEASED DF event, Marvin G. 19 66 (Type or print) Gentry DEATH Apri] and con 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months | Days | Hours | Min. 7. MARRIED X NEVER MARRIED any 9-1-98 WIDOWED DIVORCED 6 5 1Da. USUAL DCCUPATION (Cive kind of work done) 1Db. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? ician ase 夏 during most of working life, even if retired) and INDUSTRY Retired CC & S No. Carolina certificat■ 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending Riley Gentry Mary Jane Martin the auc. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknyp) (If yes give war or dates of service) death 246 03 2169 Same Family cremation. 18. CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN has been signed by the street of the prior to burial, crema prior to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: hospital or attending physician. 1.180 IMMEDIATE CAUSE (a) 200 DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health detached for use te Dept. of Health PERFORMED? YES T NO [ MHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) DR CONTRIBUTING CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) be de State Hour a.m. Not While at work After retained by 19 at work p.m. should ith the S 21. I certify that (I) (this hospital) attended the deceased from 196 that (I) (we) last DIRECTOR: Age 3 should lifed with the saw the deceased alive pn. AM, from the causes and on the date stated above. and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF M.D. PHYS. DIRECTOR PHYS. MIV 8 軍 TO FUNERAL 22c. PHYSICIAN'S ADDRESS 22d. director, p should be NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF LOCATION (City, town or county) 23a. 23b. 23c. NAME OF CEMETERY OR CREMATORY (State) Balto. Md. Meadowridge ADDRESS 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REC'D BY REGISTRAR McCully Funeral Hm. 237 Patspsco Ave VR A15 (4) 2DM 1/65



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	04703 CERTIFICATE OF DEATH
1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before ad
	Anne Aryndo MARYLAND STATE b. COUNTY Home Avende
ľ	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town
	write RURAL and give agaresi town)  GIEN BUKNIE  Y+5.  GIEN BUKNIE
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, guye street eddress)  d. STREET ADDRESS  e. IS RES
	F202 Willow Lane, S/W 1202 Willow / Inc. S/W YESTI
	NAME OF First Middle Lest 4. DATE Month Dey Yeer OF
	(Type or print) 6/14/c/1e Ada Sisy11e// DEATH 4 19 196
	SEX   6. COLOR, OR RACE 7. MARRIED   NEVER MARRIED   8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 1 House I lest birthday)   Married   Days   House I
	Female White WIDOWED IN DIVORCED Oct-6, 1883 Past birthday Months Days Hours
	De. USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS OR INDUSTRY   11 BIRDIPLACE (County & Stete, or foreign country)   12. CITIZEN OF WHAT CO
	House Work (ret.) Own Home Lang coming, Maryland U.S.A.
13	FATHER'S NAME
	Hemry Explose Mary Watkinson
	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO   17. INFORM LAT
	No provide More Mrs. Thosbe Flomski (daughter) a) amel
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) ]  ONSET AND DEATH [Enter only one cause per line for (e), (b), and (c) ]
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  ONSET AND DE  ONSET AND DE  ONSET AND DE
	7 × 2 / DUE TO
	Conditions, if any, which (b)
	gave rise to immediate cause (a), steting the underlying DUE TO
	cause last. (c)
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALL PERFOR
3	YES N
CERTIFIC	20e, ACCIDENT WAS UNDERLYING   20b, DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Pert I or Pert II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH
3	
MEDIC	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County)  While Not While fectory, street, office bldg., etc.)
Z	Carl has been seen as the seen
	21. I certify that (1) (this hospital) attended the deceased from a Croud Committee of the control of the contr
	saw the deceased alive on
	Chairly B. Will & Rue of Mile And Phys. Director Phys. D
	22c. PHYSICIAN'S
	NAME (Type) 204 Clair Herry So-SIEN BE raise 19
23	Sa. BURIAL, CREMATION, 236. DATE THEREOF   23c NAME OF CEMETERY OR CREMATORY   123d. LOCATION (City, town or county)
	REMOVAL (Specify) Abr. 23/66 Parkwood Cometery Balto-Co. 14do
24	FUNERAL DIRECTOR'S SIGNATURE Signature Signature
1	P. V. Dingleton Glen Burnie, Md OAPK 21 1966 Judge



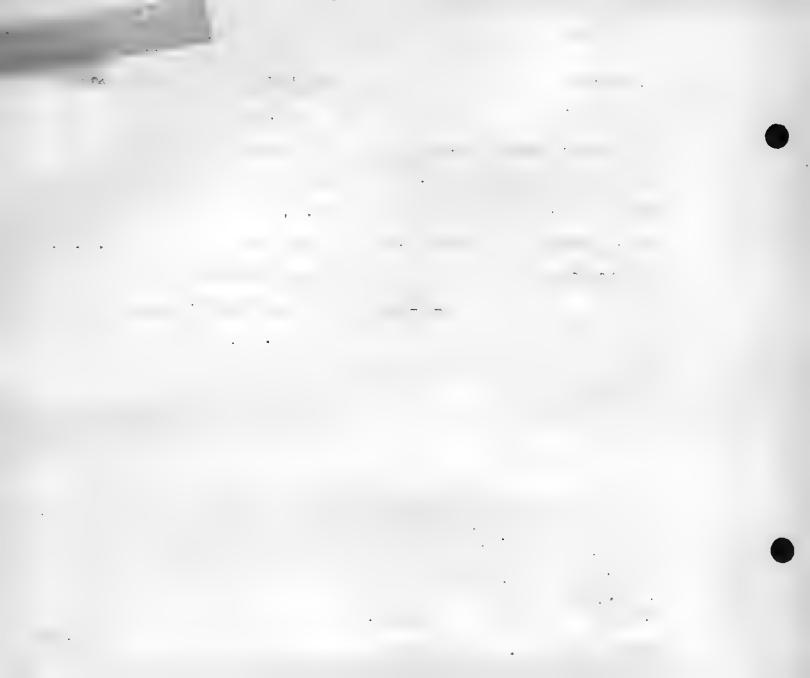
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours Brooklyn Pk. Brooklyn Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE event, within 72 4930 Brookwood Rd ON A FARM? 4930 Brookwood Rd No In YES! letely NAME OF DECEASED First Middle DATE Month Day Theresa 4 (Type or print) DEATH Gourley 19 executed 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months WHITE 3/30/80 WIDOWED 1 DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be Housewife Maryland
MOTHER'S MAIDEN NAME 13. FATHER'S NAME remova Anton Stapf Anna Tucker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 10 (Yes, no, or unkown) (If yes give war or dates of service) Family Seme 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN n signed by burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Erebral atherosclerosis Cenditions, If any, which gave rise to Immediate **DUE TO** cause (a), stating as th prior 1 underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES I NO 14 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1) of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour a.m. While Not While p.m. 19 at work at work yan 5 21. I certify that (i) (this hospital) attended the deceased from 1966 and that death occurred at 6 tot M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED M.D. DIRECTOR HOSPITAL THE FUNDAME director, p Morton Krieger M. D. 5010-A Ritchie Highway 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION, 23b. DATE THEREOF BEEM VAI (Specify) 23d. LOCATION (City, town or county) (State) Loudon Park Balto. 29 . Md . ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Funeral Home 237 Patapsco Ave VR A15 (4) 1/65



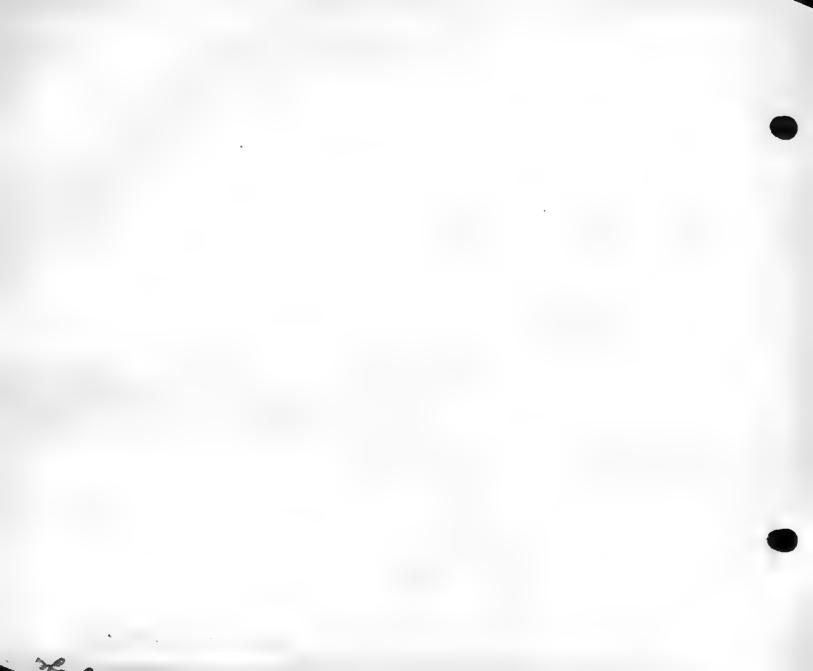
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	94'705 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	4704
HEALTH DEPT	PLACE OF DEATH  a COUNTY  Anne Arundel  MARYLAND  2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before a STATE of COUNTY)  Anne Arundel	are admission)
If cay delay is 11, 2, and 3 to orm PM3. Page Us after death	b CITY OR TOWN (If outside carparate limits NOLD   C LENGTH OF STAY IN 1b   C CITY OF JOWN LIf outside carparate limits, with RUPAL and give nearest town) HIRNOLD   C LENGTH OF STAY IN 1b   C CITY OF JOWN LIf outside carparate limits, with RUPAL and give nearest town) HIRNOLD   C LENGTH OF STAY IN 1b   C CITY OF JOWN LIF outside carparate limits, with RUPAL and give nearest town) HIRNOLD   C LENGTH OF STAY IN 1b   C CITY OF JOWN LIF outside carparate limits, with RUPAL and give nearest town.	est town)
E O E //	d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)  Woods off Old Annapolis Rd.	e. IS RESIDENCE ON A FARM? YES X NO
ofter death 11: 8 Give Pages 1; along with form with the Stote De within 72 hours	3 NAME OF First Middle Last 4 DATE Manth Do OF	ay Year
hours ofter death I Item 18 Give Pages Office along with for	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years IF LNDER I YEAR  From 10 Utbit 0 WINDOWS DAY  NOTES DATE OF BIRTH ON A DAY  NOTES DATE DATE OF BIRTH ON A DAY  NOTES DATE OF BIRTH ON A DAY  NOTES DATE DATE OF BIRTH ON A DAY  NOTES DATE DATE DATE DATE DATE DATE DATE DATE	IF UNDER 24 HRS
24 hours ofter death in Item 18 Give Page 's Office along with I cate of the Stot	100 LSLAL OCCUPATION (Give xind of work done during profession of working the even if retised)  10 LSLAL OCCUPATION (Give xind of work done during profession of working the even if retised)  11 BIRTHP. ACE (State or foreign caustry)  12 CITIZEN (COUNTRY)	
	13 FATHER'S NAME  LA MOTHER'S MAIDEN NAME	
This certificate should be executed within cote, writing the ward "pending" in pencil be forwarded to the Chief Medical Examine be used as a burial-transit permit. File pages to burial, cremation, or removal, and in a	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)	7
be executed "pending" in hief Medical onsit permit. F or removol, a		NTERVAL BETWEEN
ote should be e g the ward "per ed to the Chief ! i o burial-tronsit cremation, or re	Ganditions, if any, which gave )	
s cert.fcote should be e, writing the ward "pe forworded to the Chief i used as a burial-tronsit burial, cremation, or re	rise to immediate cause (o), stoting the underlying couse (c) DUE TO	
his certificate obte, writing e forwords be used as ta burial,	PART HE OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	PERFORMED?
差異 프로	200 EXTERNAL CAUSE WAS 2016 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18)  Shot in chest and head	
3.5 files	20c TIME OF INJURY Month, Doy, Year Hour a m. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, Hour a m. 20f (C ty or town) (County)  The price of the price of the place	(State)
MEDICAL EXA pieose execute director. Page etoined for you DIRECTOR: Post		d in my apinion
JTY MEDICA IIV, pleose er erol director. be retoined RAL DIRECTO or its design	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
O DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 45 may be retained for your 5 FUNERAL DIRECTOR: Page Health or its designated age	EXAMINER'S NAME (Type) Rudiger Breitenecker, M.D. DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	4-24-66
TO DEPU necessa the fun 5 moy TO FUNE Heolth	230 BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Cappy Town) A (Color REMOVAL (Specify) 4-77-66 Holy Crass Cowl. Scales 33 A.H.	me
VR A15ME (5)	ADDRES OR FOR DIRECTOR STREET OF STREET STRE	IRE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE : MARYLAND CERTIFICATE OF DEATH after death and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY a. STATE b. COUNTY y the Anne Arundel Maryland MARYLAND Anne Arundel e b. CITY OR TOWN (f outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 型型 papers. Pag hin 72 hours write RURAL and give nearest town) hours .5 Glen Burnie Glen Burnie filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? within North Arundel General Hospital 626 Annapolis Blvd YES NOte: letely r executed within 3. NAME DE First Middle Last DATE 4. Month Day Year DECEASED vercarb event, DF land comple (Type or print) DEATH 19 5. SEX 6. CDLOR OR RACE 7. MARRIED T NEVER MARRIED DATE OF BIRTH AGE (In years LIFUNDER 1 YEAR IF UNDER 24 HRS last birthday) Months any Days Hours DIVORCED Sept. 13 WIDOWED [ Female 1 4 1 White 1914 physician n please val, and in C 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT þe during most of working life, even if retired) CDUNTRY? Data Processing death certificate B&O Rail Road Maryland S Η. attending physemit. Then p n, or removal, MOTHER'S MAIDEN NAME Henry Daniel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Mary Johnston 16. SOCIAL SECURITY NO. 17. INFORMANT on, or I Address (Yes, no, or unkown) ((If yes give war or dates of service) d by the att transit perm cremation, o 220-07-9491 Mrs Nancy H Tully 626 Annapolis Blvd 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN The law requires that the been signed by the the burial-transit or to burial, creman ONSET AND DEATH PART I, DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) 1 . 1. 1 DUE TO Conditions, If any, which gave rise to immediate **DUE TD** cause (a), stating the as th underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY for use Health certificate PERFORMED? YES NO F 2Da. ACCIDENT WAS UNDERLYING ( DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) this certification of the detached of the period of the detached of the detach OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 1 det te [ 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After While Not While be at work at work p.m. director, page 3 should should be filed with the \$ the the 21. I certify that/(i) (this hospital) attended the deceased from 26 that ((I) Ywe) last to a and that death occurred at 7:30 M. from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE DATE SIGNED ATTENDING PHYS. MED. DIRECTOR PHYS PHYSICIAN'S NAME (Type) 22d. **ADDRESS** 23b. DATE THEREDE NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) /26/66 Lerraine Maus BaltimoreMaryland 2 6 1966 FUNERAL DIRECTOR ADDRESS VR AI5 (4) Ruck Inc. Leonard J 20M 1/65



1 2		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		04772 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04771
HEALTH DEPT		PLACE OF DEATH  o. COUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceosed lived, f inst tution Residence before admission).  a. STATE  MO  b. COUNTY  MARYLAND
y delay is point 3 to PM3. Page ortment of ther death.		b C TY OR TOWN (If autside corporate might be compared town)  Left C TY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
- C D		d NAME OF HOSPITAL OR INSTITUTION (IF not in haspital, give street address)  d STREET ADDRESS  e IS RESIDENCE ON A FARM?
Pages Inth for State		
offer death 3 Give Page olong with f with the Stat	5	NAME OF DECEASED (Type or print)  SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH  And DATE Manth Day Year OF DEATH  PARTIED DEATH  9 AGE (In years IFJNDER I YEAR IF UNDER 24 HRS)
ins offer 18 Give ce olong		F WIDOWED DIVORCED Acy 24-1917 Jost hirthday) Manths Days Haurs Min
24 hours in Item 18 r's Office of section 18	10a dur	LSCAL OCCUPATION (Give kind of work done ing most of forking life, even if chired) INDUSTRY  IND
within 24 pencil in xaminer's ine pages ind in any	13.	FATHER'S NAME  OSEPH DARE.  14 MOTHER'S MAIDEN NAME  CARRIE
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED PORCES?  as, no, ar whonown) (If yes give war ar dates af service)  Address  FAMILY
be executed pending in hief Medical Eansit permit. For removal, or removal,		18. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO  Conditions if any, which gave (b)  Cleaner & acute alcohologome.
should be e ne word per to the Chief I buriol-transit motion, or re		OOE 1 DUE TO Conditions if any, which gave ) (b) Che were & Best to Recharders
cert-ficote should writing the word privated to the Commended as a buriol-treburiol, cremotion,		rise ta immediate cause (a), stating the underlying cause lost.  DUE TO  (c)
This certificate should cate, writing the word be forwarded to the Clibe meed as a buriol-train to buriol, cremotion,	TION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19 WAS AUTOPSY PERFORMED? YES 7 NO 12
NER: This certificate hould be fulles. Should be in the prior to the p	MEDICAL CERT FICATION	20g EXTERNA, CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTI
AAM Our ge oge	MEDICAL	20c. TIME OF INJURY Manth, Doy, Year Hour a.m. pm. 19  20d INJURY OCCJRRED While of wark at work at wo
for Pace to		21. I certify that I taak charge of the remains described abave, held an Autapsy, Inspection, Inquiry, and in my apinion death resulted frags. That resulted frags. The causes Accident, Suicide, Homicide Undetermined manner
MECONIC I director retoined		CHIEF MEDICAL EXAMINER
D DEPUTY ME. Arecessary, please e. S may be retoined of FUHRAL DESCRIPTION OF THE AREA DESCRIPTION OF The Area of		SIGNATUREMD ASSISTANT MEDICAL EXAMINER
TO DEPUTY necessary, the funero 5 may be 10 FUIRAL	230	EXAMINER'S NAME (Type)  E. L. J. M. MR. C. Address (Street, city, town, or county)  BURIAL, CREMATION, 23b PATE THEREOF, 23c NAME OF CEMETERY OR CREMATORY  23d LOCAT ON (City or Town) (County) (State)
5 = = 2 E	2	BURNIA (Specify) 4/25/66 BALTO NATL CEM. BALTIMORE MD.  FUNERAL DIRECTOR ADDRESS 250 REG STRAR 250 REDISTRAR SIGNAJRE
VR A15ME (5)		1. FUNERAL DIRECTOR  APR 25 1966 CLICANIAN SIGNATURE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE TH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I vad, If institution: Rasidance bafore admission a COUNTY b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (I outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town! Arnold Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? North Arundel Hospital 733 Mill Creek Road YES NO Y 3. NAME OF M.ddla Month DECEASED (Type or print) JOHN H. HANKEY MANKKE DEATH April 66 19 6 COLOR OR RACE 7. MARRIED W NEVER MARRIED 9. AGE (In years (IF UNDER ) YEAR | IF UNDER 24 HRS. last birthday) Months Days Hours Male WIDOWED [ DIVORCED [ 10a. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR NOUSTRY | 11. BIRTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if ratirad) Baltimore, Maryland Glass Co. Self-Employed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME May Smith Jewel Hankev 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address Mrs. Frances E. Hankey (wife) Same As #2 20 2040 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN long ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carbon Monoxide Intoxication and Body Burns. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to immadiate cause DUE TO (a), stating the undarlying causa last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY X or CONTRIBUTING Fire in building. CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f., (City or lown) (County) (Stata) factory, street, office bldg., etc.) Not Whia at work | Glass Co. Bldg. Glen Burnie Anne Arundel at work 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry and in my opinion Suicide death resulted from: Natural causes Accident |x| Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE lease execul should be FUNERA DEPUTY MEDICAL EXAMINER 4/17/66 Charles S. Petty, M.D. NAME (Typa) Address (Streat, c'ty, town, or county) 22a, SURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) (Slata) REMOVAL (Spacify) April 20,1966 Glen Haven Memorial Park Glen Burnie, Maryland <u>5</u>40 ö Burial Singleton Funeral Home 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Glen Burnie, Md. 5M 7/59

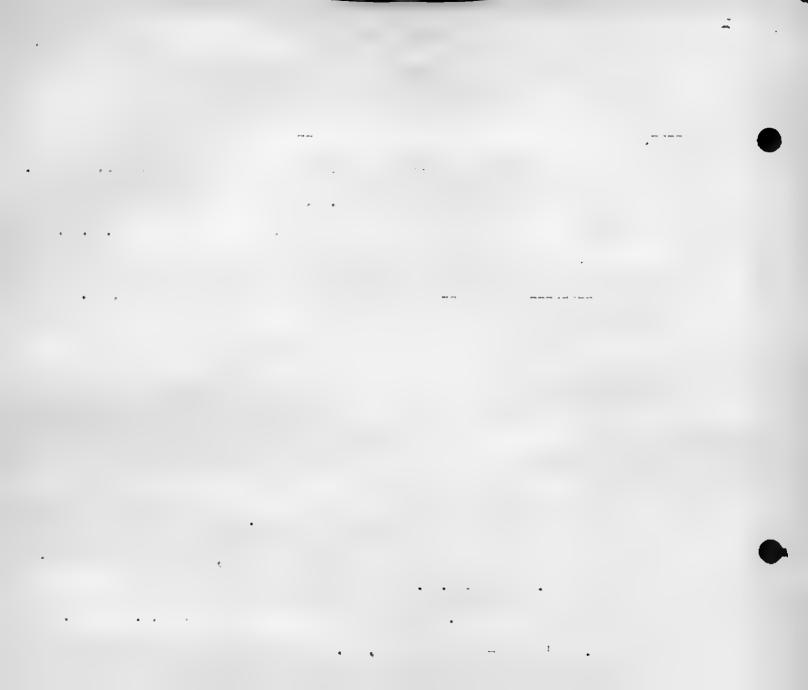


## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

208 CERTIFICATE OF DEATH

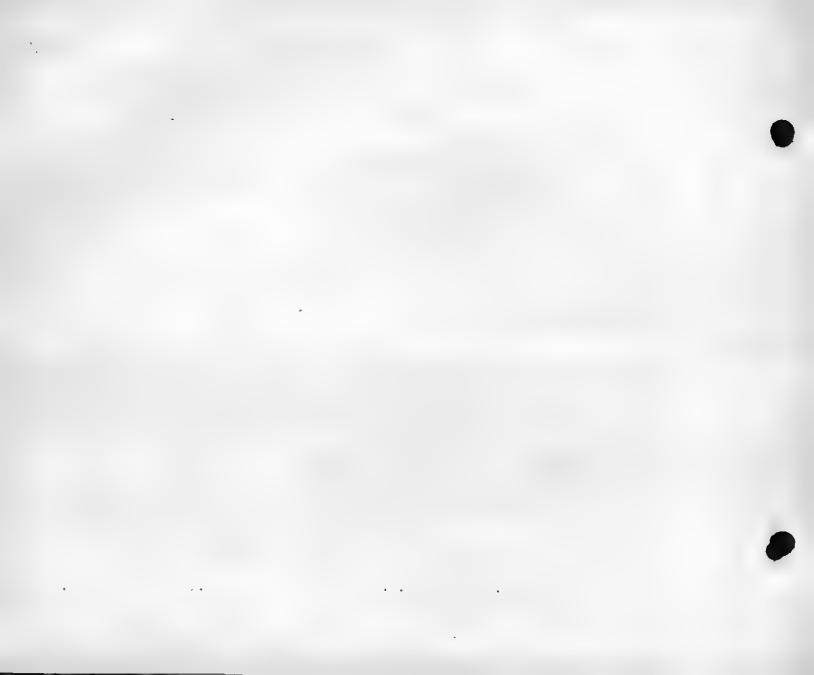
Reg. Dist. No. 04707

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	PLACE OF DEATH COUNTY Ann	e Arundel		MARYI	LAND	2 USUAL RESIDEN	ryla		d lived. If instit 6. COUN	TY	Residence Anne			-
Г	b. CITY OR TOWN (IF RURAL and give no Lothian	IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Lothian											
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	jive strent	oddress)		d. STREET ADD						e	ON A	FARM?
	NAME OF DECEASED (Type or print)		niel	Middle		Hardest	ty	4. DATE OF DEATH		onth pri	1	1,Doy	, \	1eor 966.
L	Male	White	MIDOM			Nov. 3,					UNDER 1	YEAR Doys	Hours	R 24 HRS Min.
100	Tobacco Fa	N (Give kind of work on ng life, even if retired TMLING	dona 10b.	Own Farm	R INDUS	IRY 11. BIRTHPIAC	E (Stote o	or foreign c Mary	ountry) Land				F WHAT	COUNTRY
13.	FATHER'S NAME					14 MOTHER'S MA								
L	Henry Hard	lesty				Betty	/ Hai	rrisor	1					
35. (Ye	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO		ert Lee F	larde	esty		oth	ian,	Md	l.	
		H WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  y, which (b) Immediate (DUE TO		re for (of (b) and (c) )	leve	as g	ly de	alize	21,50	yer	_		RVAL BE ET AND	
MEDICAL CERTIFICATION				CONTRIBUTING TO DEA						SIVEN	IN PART	1(0) 19	PERFO	AUTOPSY PRMED? NO
L CERT	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A		206. DESC	CRIBE HOW INJURY OC	CURRED	. (Enter noture of in	ijury in P	art I or Por	t II of item 18 j					
MEDICA	20c. TIME OF INJURY Hour o.m. p. m.	Month, Doy, Yes	While of work	Not while	20e. PLA foci	CE OF INJURY (Hor ory, street, office bl	ne, farm, ldg., etc.	, 20f (Cit)	y or town)		(Co	ounty)		(Stole)
	actual	of i gitended the	19/2	b and that		- · · ·	Ll.ц	aboress (s rlbore		and	on the			deceased ed abave NTE SIGNES
22.	P. BURIAL CREMATION REMOYAL (Specify) BUTIAL	1, 226. DATE THEREO	F	Mt. Calva	TERY OR	crematory emetery			tion (City, fow)	A A			Md.	+)
	FUNERAL DIRECTOR'S		[ome=]	ADDRESS Upper Marlb	oro,		APR	BY REGIST			AR'S SIGN			,



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 94709 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death attending physician and campletely filled in by the funeral permit. Then please remove, carban papers. Pages I and and 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) p. COUNTY o. STATE b. COUNTY Anne Arundel MARYLAND b CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN autside carporate limits, write RURAL and give nearest tawn) papers Pag hin 72 hours o write RURAL and give nearest town) DOA Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)

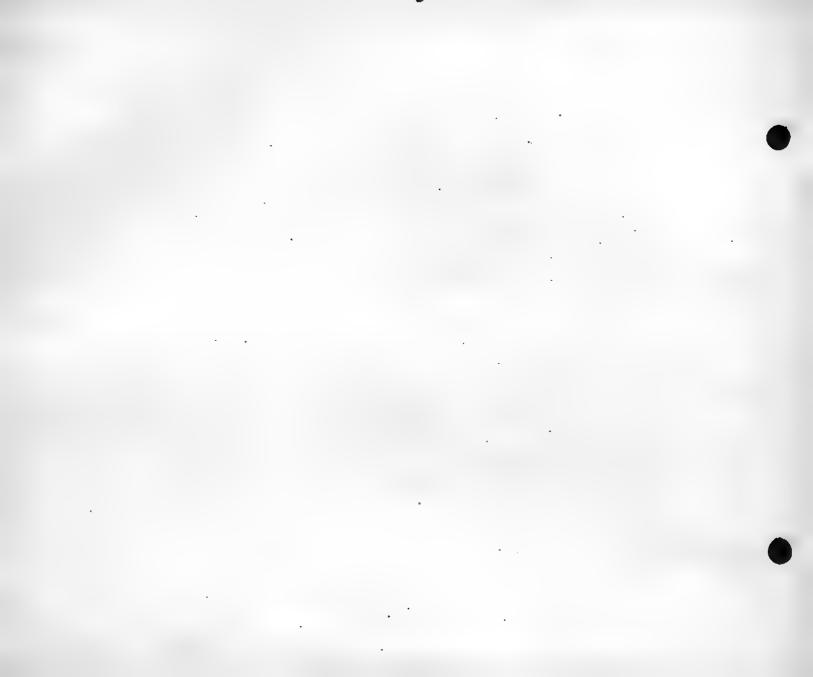
Anne Arundel General Hospital d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO t. within NAME OF First Middle Last 4 DATE Month Day Year DECEASED OF HARDESTY 19 66 April (Type or print) Sarah DEATH any eve S SEX AGE (In years 6. COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED last birthday) Months Haurs WIDOWED DIVORCED 10a USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT dur ag mast of working life, eyen if retired) House COUNTRY? and Janamite 13 FATHER'S NAME 14 MOTHER SMAIDEN NAME IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give war ar dates of service) 17. INFORMANT Address 16 SOCIAL SECURITY NO. permit. crematian. IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b); and (c)) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) signed by DUE TO burial. Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying cause Page 4 may be retained by the haspital or attending as the O FUNERAL DIRECTOR: After this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? USe CERTIFICATION NO F for 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18) of detached (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. 20c. TIME OF INJURY Month, Day, Year 20d JNJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Heur a.m. factory, street, office bldg., etc.) Not While at work 21. 1 certify that (I) PROCESSING attended the deceased fram. 1966, that (I) (vge) last and that death accurred at fram causes and an the date stated above. saw the deceased alive an 22g. SIGNATUR 22b. DATE SIGNED **ATTENDING** STAFF X DIRECTOR M.D. PHYS. PHYS. filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Richard I. Hochman M.D. 59 Franklin St. directar, shavid be Annapolis 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town 23a BUR AL CREMATION, (County) (Stote) REMOVAL (Specify)



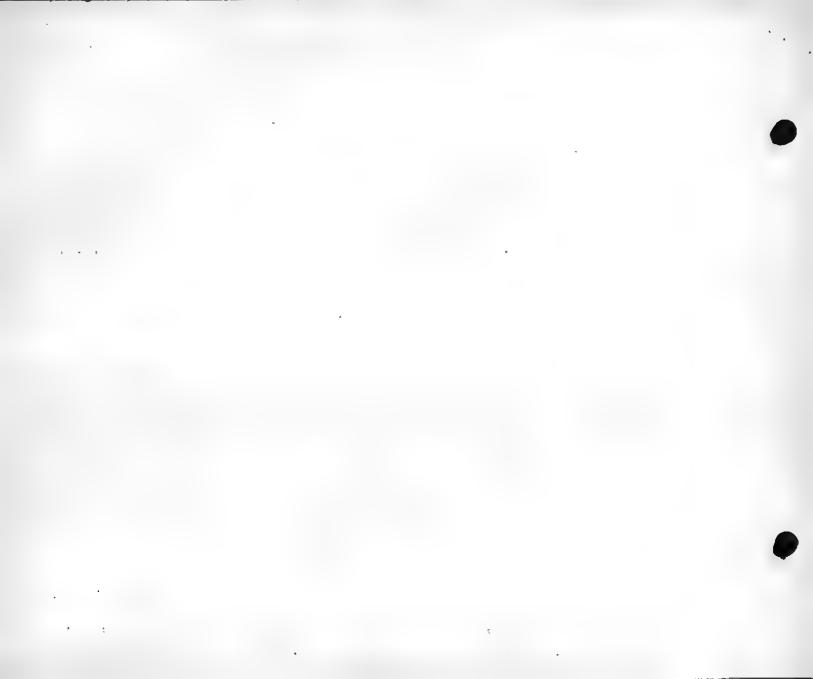
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. RESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give naarast town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO NAME OF Middle Month DECEASED (Typa or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In Years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work physician 12. CITIZEN OF WHAT COUNTRY? or fore'gn country) done during most of working life, even if retired) E 13. EATHER'S NAME 14. MOTHER'S MAIDEN NAME ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no gor, unkown) (If yes give wer or deles of service) 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) **DUE TO** Conditions, if eny, which gava rise to immediate cause **DUE TO** (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Port I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20t. (City or town) (County) (Stelle) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work et work 19 p.m. that (I) (we) last M, from the causes and on the date stated above. and that death occurred at & saw the deceased alive 22a, SIGNATURE ATTENDING **8**IGNED DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b., DATE THEREOF REMOVAL- (Specify) FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A1S (4) 15M 7-62



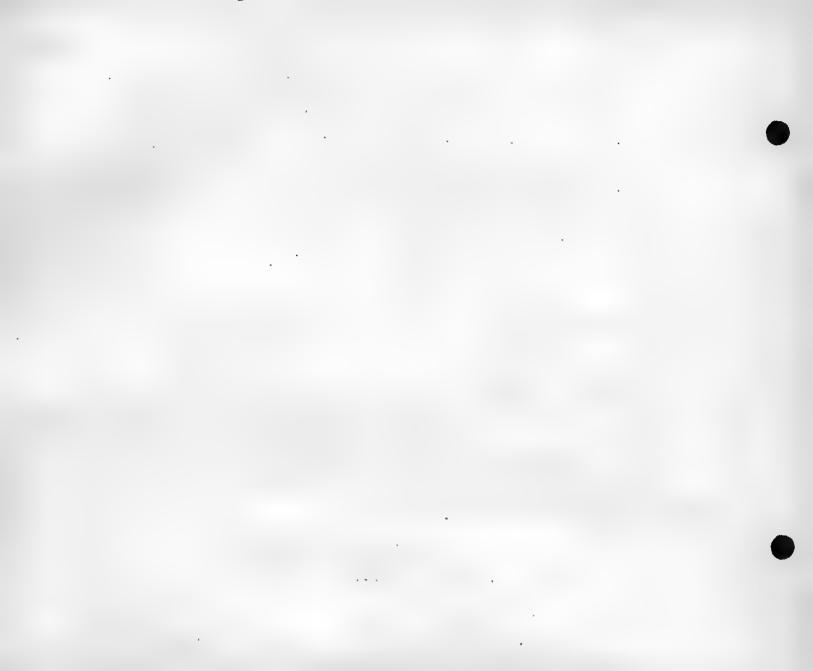
1	-	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
2 2020		04711 CERTIFICATE OF DEATH
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ter the factor of the factor o	1_	MARYLAND S. STATE D. COUNTY A.A. Co-
rs at by t Page		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
hou d in	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS   e. IS RESIDENCE
7 fille	_	2/2- W 11th ave. 2/2 W-11th ave. YES NO []
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ted to comp	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. SATE OF BIRTH 9. AGE/IN YEAR IF UNDER 1 YEAR IF UNDER 24 HRS.
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requires that the death codificate be executed within 24 hours after ding physician. been signed by the attention physician and completely filled in by the the burial-transit permit. Then please remove carbon papers. Pages 1 or to burial, cremation, or removal, and in any event, within 72 hours after	10 du	a. USUAL/OCCUPATION (Glve kind of workdone 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
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o Paris	(Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES! 16: SOCIAL SECURITY NO. 17. INFORMANT Address es, no. or unknown) (If yes give war or dates of service)
the death y the atter sit permit	=	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
law requires that the death attending physician. has been signed by the after as the burial-transit permin prior to burial, cremation, o		PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
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ruires g ph en si e bur o bur		Conditions, if any, which are to immediate (b)
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	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM IN ALD DISEASE CONDITION GIVEN IN PART 1(2) 19. WAS AUTOPSY
ICIAN: The la lospital or att certificate hithed for use ot, of Health pot.	IIFIC/	Kallimatoria associalita
PHYSICIAN: The the hospital or this certificate detached for us ee Dept. of Healt.		20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
JING PHYSICI d by the hosp After this cel 1 be detached State Dept. c	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County)   (State)   Hour a.m.   While   Not While   factory, street, office bidg., etc.)
State of the state	ME	p.m. 19 at work at work
TENT taine 10R: hould h the		21. I certify that (1) (this hespite) attended the deceased from 1/-8, 1963, to 4-29, 1966, that (1) (we) last saw the deceased alive on 29, 1966, and that death occurred at 1023M, from the causes and on the date stated above.
R AT RECT RECT S S S S S S S S S S S S S S S S S S S		222 SIGNATURE 22b. DATE SIGNED
TAL CHALL CHALL DIANT THE DIANT PAGE		22c. PHYSICIAN'S   22d. ADDRESS
O HOSPITAL Page 4 may O FUNERAL director, pa		NAME (Type)
TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	23	BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF FEMALERY OR TREMOTORY 23d. LOCATION (City, town or county) (State)
0	24	FUNERAL DIRECTOR ADDRESS 125a. REC'D BY REGISTRAR 25b. RECISTRAR'S SIGNATURE
VR AI5 (4) 20M 1/65	12	Ma Cally F. H. V37 fatayses and may 4 1966 foliarles Judges.
20111 1/00	4	2/5



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items 7 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution Residence before o. COUNTY o STATE b. COUNTY P.M.3. Page AACO. 4 after death. MARY, AND b CITY OR TOWN (It outside corporate limits, c LENGTH OF STAY IN 16 c CIY OR TOWN (if outside carporate in its write RURA, and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE Office alang with farm DOM- NORTH. ARONDEL. NOSP 119. Wilson 1 YES hours after death 3. NAME OF 4 DATE DECEASED OF 14.66 196 6 (Type or print DEATH S. SEX 9 AGE (In years FUNDER 24 HRS DATE OF BIRTH Jost birthdoy) Months Hours 7-20-98 WIDOWED DIVORCED event 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT during most of working life, even fretired) INDLSTRY U.S.A. Service Pennsylvania Asphalt 13 FATHER S NAME 14 MOTHER'S MA DEN NAME (unknown) (unknown) Hill and WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) [If yes give wor or dates of service] 218-03-6394 or remayal, Mr. Roy Hill (son) None No Same as INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) burial, cremation, DUF TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse writing 1 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO DO YES the certificate, its designated agent, prior to 200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II at item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c. TIME OF IN, DRY Month, Dov. Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home form (City or town) (Stote) Hour om. Not While foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page of work 2). I certify that his book charge of the remains described above, held an Autopsy ... Inspection 1 Inquiry and in my opinion Accident [ death resulted Maturol couses Suicide the funeral directar. Homicide Undetermined monner CHIEF MEDICAL EXAMINER | ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Haalth ar EXAMINAS: NAME (Type) Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, 73b. DATE THEREOF REMOVAL (Specify)
Burial April 11,1966 Cedar Hill Cemetery Brooklyn R F D. Md. 24 FUNERAL DIRECTOR VR A15ME (5) Glen Burnie, Md. Richard V. Singleton 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH after death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY event, within 72 hours after MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give-nearest town) C. LENGTH OF STAY IN 1b TOWN (If outside corporate limits, write RURAL end give nearest town) 24 hours Auchill! d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give-street address) filled STREET ADDRESS e. IS RESIDENCE ON A FARM? NO. YES within completely carbon 3. DATE OF DEATH NAME OF DECEASED First Middle Month Last Day Year (Type or print) 19 6 be-executed SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS ove NEVER MARRIED birthday) Months Davs Hours WIDOWED F DIVORGED [ .= 10a. USUAL OCCUPATION (Give kind of work done I 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Ceamstre EATHER'S NAME death certificate removal. MOTHER'S MAIDEN NAME attending r WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMAN permit. 5 (Yes, no, or unkown) (If yes give war or dates of service) been signed by the attement the burial-transit permit or to burial, cremation, o CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 3.2 DUF TO Cenditions, If any, which (b) gave rise to Immediate as the t DUF TO cause (a), stating the underlying cause last. (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 119. for use Health PERFORMED? this certificate PHYSICIAN: The YES [ NO 17 20a. ACCIDENT WAS UNDERLYING IT DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part | or Part || of Item 18.) tached f OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING be Stat at work at work 70 196 21. I certify that (I) (this nospital) attended the deceased from DIRECTOR: age 3 should lied with the and that death occurred at // ATM. from the causes and on the date stated above. ð saw the deceased alive on 22a. SIGNATURE E SIGNED page ATTENDING DIRECTOR M.D. PHYS. PHYS. director, pa TO HOSPITAL 22c, PHYSICIAN'S 22d. ADDRESS NAME (Type) Sidney R. Gehlert 13 22 NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23b. DATE THEREOF 23c. LOCATION (City, town or county) (State) REMOVAL (Specify) Cedar Hill Cemetery 4.18.66 Suitland ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Lee Funeral Home 300.4th st N VR A15 (4) 20M 1/65



uted within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Oppe Opundel	a. STATE b. COUNTY
WAR I CAME	Maryland Anne Arundel c. City Or TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	TO SEE ON TOTAL (IT SUITS COT SUITS) WITE BUILD WITE SITE SUITS
Glen Burnie	Glen Burnie
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
North Arundel Hospital	#915Andrews Rd. YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Andrew F.	Jaolas DEATH April 7 19 66
	DATE DE BIRTH 19 AGE (IN VAIS LETINDER 1 YEAR HEINDER 24 RRS.
Male I was E	last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of workdone   10b. KIND OF BUSINESS OR	ADTIL 29, 1919   46 yrs.
during most of working life, even if retired) INDUSTRY	COUNTRY?
Painter Beth. Steel	New Philadelphia, Pa. 1150
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Andrew Jaglas	Many Gunobikes
	Mary Aurchikas INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	110 60000000
	rs. Sarah R. Maglas (wife) Same As #2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: (ACute Myraar IMMEDIATE CAUSE (a)	appl Sufferelion 12 hours
42 2	
Conditions is any which i	a Apriliano. 1.2 Man
gave rise to immediate	The state of the s
cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ICA	YES NO
208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  20a. ACCIDENT WAS UNDERLYING COUNTRIBUTING TO DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAN factor   20d. INJURY OCCURRED   20e. PLAN factor   20d. INJURY OCCURRED   20e. PLAN factor   20d. INJURY OCCURRED   20d. INJURY OCCURR	y, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	4-5, 19 66, to 4-7, 1966, that (1) (we) last
saw the deceased alive on 4-7 1966, and that	death occurred at 5 MM, from the causes and on the date stated above.
22a. SIGNAFURE	22b. DATE SIGNED
Hillen Older Wales M.D.	ATTENDING MED. STAFF PHYS. PHYS.
22c. PHYSICIAN'S	1 22d. ADDRESS
NAME (Type) ff. T. O HERLINI 617	of central ove Tea, orme
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	
Aurial April 11,1946 Glen Haven	Mem. Park   Glen Burnie, Maryland
	and the second s
Richard V. Lingleton Glen Burnie,	Md. DAAPR 13 1966 Icharles Judge



1 (	Division of STATISTICAL RESEARCH AND RECORDS, 301	PARTMENT OF HEALTH  W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	04715 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
HEALTH DEPT.	I PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission)
lay is 13 to Page ent of ieath	o COUNTY Anne Arundel MARYLAND	o. STATE Maryland b COUNTY Anne Arundel
delay is and 3 to 13. Page iment af	b CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 1b	c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn)
y delo , 2, and n. PM3. F	write RURAL and give nearest town) /Balltimore-fruit/all/ GILN BURNTE.	Baltimore-rural
m. PM3. Page Department is after deat	d NAME OF HOSPITAL OR INSTITUTION (finat in hospital give street address)	d STREET ADDRESS  e IS RES DENCE ON A FARM?
1 5 th 1	North Arundel Hospital	Bellgrove Road YES NO
Po Po Sz	3 NAME OF First Middle DECEASED	Last 4 DATE Manth Day Year
77 . >	(Type or print) DIANE	JOHNSON DEATH April 19 19 66
after d 8. Give plang w with the	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8	DATE OF BIRTH  9 AGE (In years FUNDER 1 YEAR IF LNDER 24 HRS lost burthday) Months Days Hours Min.
5 - 0 - CA =	Female Negro WIDOWED DIVORCED	5 -6-8 / 8 yrs
	100 USUAL OCCUPATION (Give kind of work done during most of work included in the first seven if retired)  10b KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (Stote or foreign country)  12 CT ZEN OF WHAT COUNTRY?
hin 24 nall in niner's pages I in any	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
	Samuel Maria	1 - Atania Marai
d will in pe Exar Fi e and	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 IA	VFORMANT Address
Id be executed rd "pending" in Chief Medical E transit permit Firansit permit	(Yes, no, or unknown) (If yes give wor or dates of service)	amuel navis 5901 Selleane Rd
exe endi Me if pe	18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c).)	INTERVAL BETWEEN
should be e te ward "per to the Chief I burial-transit mation, ar re	PART I DEATH WAS CAUSED BY Crushing injuries C	of head and trunk ONSET AND DEATH
ate should g the ward ed to the Cl a burial-tra cremation,	DUE TO	
sho ne v no th buri mat	Conditions, if any, which gove tise to immediate cause (a).	
s certificate should e, writing the ward farwarded to the Ch used as a burial-tro bural, cremation,	stoting the underlying couse   DUE TO	
certifice writing arwarde used as bur.al,	PART II OTHER SIGNIFICANT COMPIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
	The EXTERNAL CALLSE WAS 20th DESCRIBE HOW INJURY OCCUPAND.	PERFORMED?
This licate, be fa de be u	200 EXTERNA. CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED. (I	Enter nature of injury in Part or Part II of item 18)
ilNER: The certificate shauld be files. 3 should labeled and priority priority.	PRIMARY To CONTRIBUTING Bicycle-truck of CAUSE OF DEATH.	collision
EXAMINER: This cute the certificate, age 4 shauld be for your files. Page 3 shauld be to dead agent, prior to let	A Hamasas " Little State of Land	E OF INJURY (Hame, farm, 20f (City or town) (County) (State) ary, street, office bldg., etc.)
<b>₹</b> • • 50° 0	4:50 pm 4/19 1966 of work of work 🗷 s	street Anne Arundel
_ 80 - 80 - 8	21 I certify that I taak charge of the remains described above, heli	
Mcarcal lease exe directar. F frained fa DIRECTOR	death resulted from (atural causes), Accident (X) Suicid	de 🔲, Hamicide 🔲, Undetermined manner 🗌
please Il directe retainer L DIREC	ACTUAL MUNICIPALITY	CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  22. DATE SIGNED
	SIGNATURE CAMINER'S	_M.D ASSISTANT MEDICAL EXAMINER K_1
DEPUTY MEDICAL SCENSORY, please e funeral directar may be retained FUNERAL DIRECT	NAME (Type) Rudiger Breitenecker, M.D.	Address (Street, city, town, or county) 4/20/66
TO DEPUTY Mcc.(A) necessary, please ex the funeral director. 5 may be retained for FUNERAL DIRECTO Health ar its designed	23g BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMPTERY OR C	REMATORY 23d LOCAT ON (City or Town) (County) (Stote)
	Bremoval (spegly) 4-23-66 mt Calver	y Brooklyn AACO. md
VR A15ME (5)	ADDRESS ADDRESS	DATE APR 2 7 1966
6M 1/66	Junel B. Vden - Ballimone Ma	DATE ALL CLISCO

MARYLAND STATE DEPARTMENT OF HEALTH



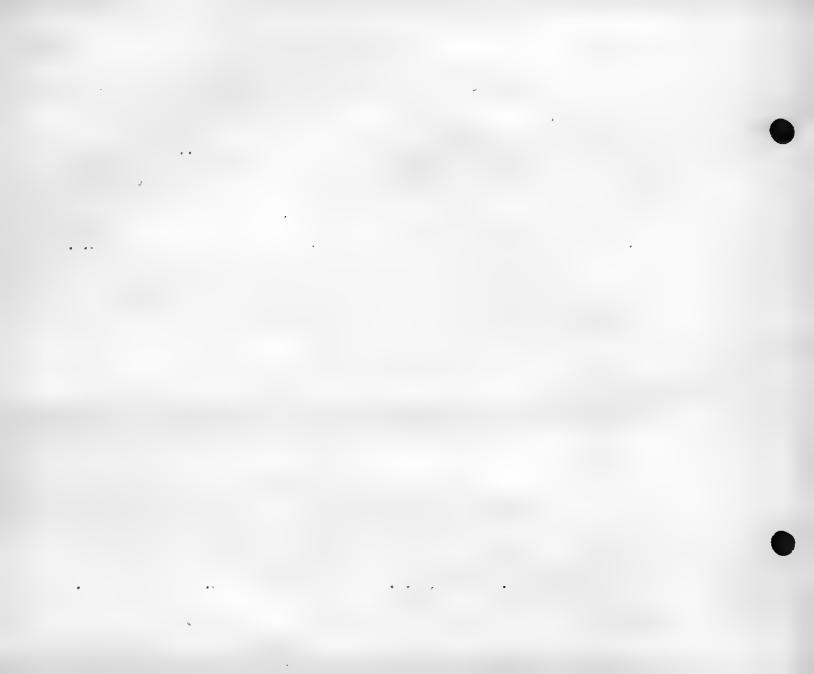
1 */_		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
로 등이는 사	1	04716 CERTIFICATE OF DEATH ()4715
funeral and 2	J.T.	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)  a. COUNTY  D. COUNTY
rs after death by the funeral Pages 1 and 2 urs after death	_	ANNE ARUNDEL MARYLAND MARYLAND ANNE SCHNDEL
s ad by t Page Irs a		b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)  C. LENGTH DF STAY IN 1b  C. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)
hours d in by rs. Pa	-/	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS (e. IS RESIDENCE
ted within 24 hours completely filled in by we carbon papers. Pagevent, within 72 hours		NORTH ARUNDEL GENERAL HOSP, 1609 MANNING RD. YES NOW
uted within completely we carbon p event, within	3.	DECEASED
ced 1	5.	
any decu	1	FEMALE WHITE WIDDWED X DIVDRCED AT 23 1890 15 yrs. Months Days Hours Min.
	10 du	a. USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT CDUNTRY?
	13	Rurse Medical Maryland W.J. A.
certificat nding phy Tamp removal,	13	Tale
eath certific attending permit. Time	1;	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITYND.   17. INFORMANT Address
death ( ne atten permit.	[".	100 (If yes give war or dates of service) 213-30-9679 Rollins R. Johnson - 211 Fifth Ave
he de y the sit pe mation		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 1  INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
cian.		IMMEDIATE CAUSE (a) Congestive heart facture hours
HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate Page 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR. After this certificate has been signed by the attending physician, page 3 should be detached for use as the burial-transit permit. Tame plesshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and the state Dept.	ı	Conditions, if any, which DUE TO weeks infanct weeks
equir ing r ing r seen he b		gave rise to immediate cause (a), stating the DUE TD
aw r tend tas t as t prior	Z	underlying cause last. (c) Coronard alkarosclerases
ING PHYSICIAN: The law requiraby the hospital or attending patter this certificate has been be detached for use as the bactate Dept. of Health prior to be	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2)   19. WAS AUTOPSY PERFORMED?  YES   NO
tifical tor	TE	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING   CAUSE OF DEATH
SICI/ hosp s cer ched ched		(IF EITHER, NOTIFY MEDICAL EXAMINER)
PHY the this deta	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY DCCURRED   20e. PLACE OF INJURY (Home, farm, Hour a.m.   While   Not While   factory, street, office bidg., etc.)
oling P od by t After d be d e State	ME	p.m. 19 jat work [ ]
TENC Zaine OR: hould		21. I certify that (I) (this hospital) attended the deceased from
R AT RECT 3 S S		228. SIGNATURE
At OR ay be page filed i		22c. PHYSICIAN'S ALLOT DELIGIBLE M.D. PHYS. DELIGIBLE DIRECTOR DIRECTOR PHYS. DELIGIBLE DIRECTOR DIREC
TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the		NAME (Type)
Page Page FUI direc	23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
F 2 "	1/2	Euria 4/29/66 Loudon Park Cem. 1921 Lo Ma.
VR A15 (4) A		alters Foneval Home - Balto, Md DNAY 2 1966 Icharles Junes
20M 1/65		appear to devel 11000 1 1000 1 1000 1



N.	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM	SPE 4 MARYLAND
X	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	O A H 1 O
ŀ	1. PLACE OF DEATH Tem 7 Film 43/6 2/4/00 mh	If Institution, Residence before admi
ı	* COLINE	UNTY
		rile RURAL and give necrest town)
	the Liune positive sollers and the	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitale give street eddress) 8. STREET ADDRESS	) ON A FA
	3. NAME OF HIST HUNGE HOUSE LAST 4. DATE M	Taren YES X NO
	DECEASED OF CITY OF DEATH	South Day Year
1	5 SEX 6. COLOR OF AACE 7. MARRIED NEVER MARRIED STATE OF BIRTH 9. AGE IN YO	ers IF UNDER 1 YEAR IF UNDER 24 I
	Mace Mark WIDOWED IN DIVORCED 17 2-1874 00 yrs	months make them?
	10e. LUSUAL OCCUPATION (Give and of work done during man of working life even if retired)	(V) 12. CITIZEN OF WHAT COU
	- firmer Warfronnie	1189
	13. FATHER'S NAME	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Addi	955
l	(Yes, no, or unknown) (Hyosgive warordetasofservice) 215-31-3880 To-11100 Shorter (100)	musyllolla
	18. CRUSE OF DEATH (Enter only one cause per lipe toyle), (b), end (c).] PART I, DEATH WAS CAUSED BY:	INTERVAL BETWE
	IMMEDIATE CAUSE (6) Colavary accidence	dies
ı	Conditions, if any, which ) (b) Michrelande all all enfancions	2 ley
	geve rise to immediate cause	
	cause lest. (c) arthur schurtiel hint des	ease) afron
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF	GIVEN IN PART 1(a) 19. WAS AUTO
	20a ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF CONTRIBUTING CAUSE OF DEATH  20a ACCIDENT WAS UNDERLYING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		(County) (Stell
	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  While Not While factory, street, office bldg., etc.)  P.m. 19	/-
	21. I certify that (I) (this hospital) attended the deceased from	J, 1966 that (I) (we
	saw the deceased alive on	
	220 SIGNATURE  ATTENDING MED. STAFF  PHYS. DIRECTOR PHYS.	22b. C
	22c. PHYSICIAN'S 22d, ADDRESS 2	(1)
	NAME (Type) Kichova II HerrT 100 Cherry Lane	Ren Burney MA
ĺ	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d., LOCATION (City, REMOVAL (Specify)	town or county) (State)
1	Bunal 4-30-00 form villey war	Bary Ma
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 255. REC'D BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
L	Will the suit of the survey of the 1969 to	The sunge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04718 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death, by the attending physician and campletely filled in by the funeral ransit permit. Then please remark carban papers. Pages I and and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel arban papers. Pages 1 nt, within 72 hours after MARYLAND Maryland Anne Arundel c CITY OR IDWN (If outside carparate limits, write RURAL and give nearest town) b. CITY DR TDWN (If outside corporate limits, write RURAL and give negrest town) CLENGTH DE STAY IN 16 Annapolis Annapolis d. NAME DE HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? Anne Arundel General Hospital 517. Ridgely Ave YES NO TO 3 NAME OF Middle 4. DATE Lost Month Doy Year DECEASED (Type or print) JONES Gertrude April 19 66 Mande 11 DEATH S SEX 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 7 MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours Female White WIDOWED IX DIVORCED 12 CITIZEN OF WHAT 19a JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLAGE (Coupley & State or foreign country) and ir during most of work ng life, even if retired) COUNTRY Hallessen 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, OUSCH WAS DECEASED EVER IN ILS ARMED FORCES 17. INFORMANI 16. SOCIAL SECURITY NO. ADDS INAPELIS (Yes, no, or unknown) (If yes give wor or dates of service INDAMOR CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN **burial-transit** PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (a) 1000 DUE TO signed b Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse Page 4 may be retained by the hospital or attending use as the lath prior tak has been lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION of Health NO D r this certificate detached far us YES 20o ACCIDENT WAS JNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) directar, page 3 shauld be detache shauld be filed with the State Dept. MED.CAL 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) at work O FUNERAL DIRECTOR: After 21. I certify that (I) (this in the latended the deceased from 30 1966, to 19 66, that (1) (3000 last sow the deceased alive on ond that death occurred at, M, fram causes and on the date stated above 22o. SIGNATURE 22b. DATE SIGNED tucces DIRECTOR M.D. PHYS PHYS. 22d. ADDRESS Richard I. Hochman, M.D. Franklin St., Annapalis, Md. NAME (Type) 23C NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) 23o BURIAL, CREMATION (County) (Stote) FUNERAL DIRECTOR 2So. REC D BY REGISTRAR SIGNATURE VR A15 (4) 20 M 1/66



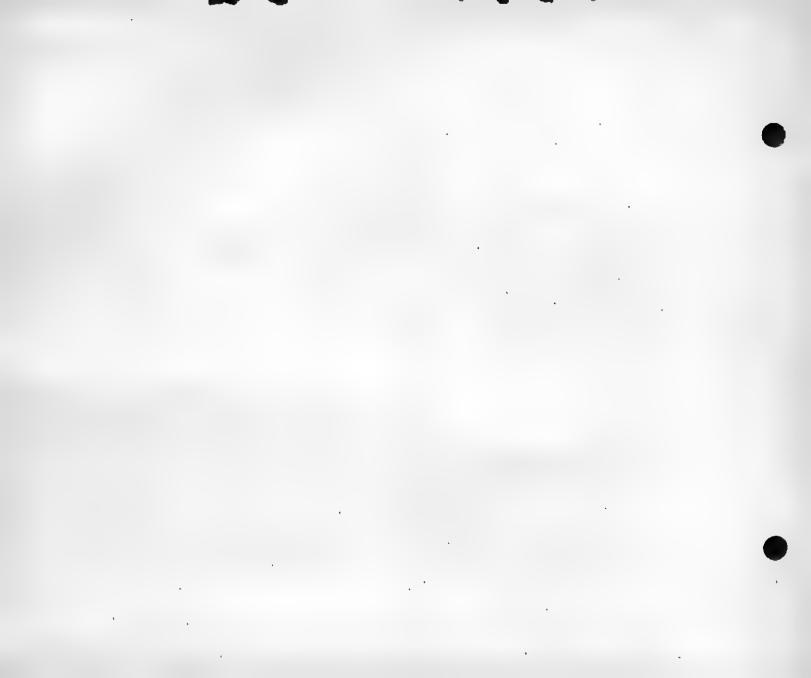
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04719 CERTIFICATE OF DEATH be executed within 24 hours after death the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY o. STATE Maryland b. COUNTY Anne Arunde?

b (ITY OR TOWN (If autside corparate limits, MARYLAND CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Baltimore, Maryland 3mos. 29das. completely filled in b nave carban papers. ny event, within 72 no d STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Crownsville State Hosoital 1915 Reqester Street YES NO IX 3 NAME OF First Middle Last 4. DATE Manth Doy Year DECEASED #31115 29 1966 James Jordan (Type or print) DEATH 9 AGE ( n years lost birthday) IF UNDER I YEAR S. SEX 6 COLOR OR RACE 8. DATE OF BIRTH IF UNDER 24 HRS 7 MARRIED NEVER MARRIED Manths Hours Male White and in any WIDOWED DIVORCED 8/22/05 \*Da USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Telephone Man

13. FATHER'S NAME C. & P. Telephone Maryland
Maryland
Maryland requires that the death certificates USA signed by the attending physi burial-transit permit. Then pl burial, cremation, ar removal, Lucy E. Smith John Jordan 15. WAS DECEASED EVER IN L.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war ar dates of service) 17 INFORMANT IA SOCIAL SECURITY NO. Address Hospital Record 212 05 0871 18. CAUSE OF DEATH (finter only one cause per line for (o), (b), and (c))
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Dehydration and Inanition IMMEDIATE CAUSE (a) be retained by the haspital or attending physician. DUE TO Canditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. of Health prior ta (4) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Generalized Cerebral Arteriosclerosis NO Sc ATTENDING PHYSICIAN: 20g ACCIDENT WAS UNDERLYING [ 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur a m Not While factory, street, office bldg., etc.) Crownsville Md. at wark 1/15/, 1966, to 4/29/, 1966, that (I) (we) last 2). I certify that (I) (this haspital) attended the deceased fram. director, page 3 shauld should be filed with the 4/29/ 19 66, and that death accurred at 9:15M, from causes and an the date stated above. saw the deceased aliveran. 22a. SIGNATURE 22b. DATE SIGNED MED. STAFF PHYS. ATTENDING 4/29/66 DIRECTOR 💟 M.D 27d. ADDRESS 22c. PHYSICIAN'S Page 4 may Crownsville, Maryland NAME (Type) Benedict, M.D. 23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 5/2/66 Baltimore Maryland
REGISTRAR 256 REGISTRAR'S SIGNATURE Parkwood Burial 2Sg REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Robert C. Altenburg 1966 6009 Harford Road Cunonal Home Inc.



1/4	1(N)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	_
1	± 70 ±	CERTIFICATE OF DEATH	}
	hours after death, id in by the funeral irs. Pages 1 and 2 2 hours after death,	1. PLACE OF DEATH COUNTY  D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before a start b. COUNTY)  a. STATE b. COUNTY  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
	24 hour filled in 72 hou	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS  on A  on A  very  on A  very	
	d within mpletely carbon p ent, withi	3. NAME OF First Middle Last 4. DATE Month Day Ye (Type or print) COhn Se RNC DEATH ADDITION 19	NO DE
	executed within 24 hours and completely filled in by ermove carbon papers. Pagin any event, within 72 hours	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 OB DEVELOPMENT OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT IN THE PROPERTY OF	ER 24 HRS Min.
	te be rescience ress ress rand	10. STAL DIGUPATION (GIVE KIND OF BUSINESS OR INDUSTRY)  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHA COUNTRY?  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	
	death certificate te atteneing physis permit. They he tion, or removel, a	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  (Yes, no, or unkown) (If yes give war or dates of service)  UNK. PAPE # 2	
	he st	18. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which  (b)	TWEEN DEATH
	PHYSICIAN: The faw requires that the hospital or attending physician, this certificate has been signed befached for use as the burial-trane Dept. of Health prior to burial, cre	cause (s), stating the DUE TO underlying cause last. (c)	UTÖPSY
	IAN: The spital or a ertificate of for use of Health	PERFOR YES   20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	NO X
	ING PHYSICIA by the hospi fiter this ceri be detached State Dept. of	G (IF EITHER, NOTIFY MEDICAL EXAMINER)	State)
	OR ATTENDING be retained by JRECTOR: After Se 3 should be ed with the Stat	21. Certify that (I) (this hospital) attended the deceased from 16 7, 19, to 4/3, 19 4, that (I) (the saw the deceased alive on 1966, and that death occurred at 2.M, from the causes and on the date stated 22a. SIGNATURE 22b. DATE SIGNED	we) last 1 above.
	age 4 may be FUNERAL DI rector, page ould be filed	22c. PHYSICIAN'S NAME (Type) CHARD Note that the control of the co	
	Page Page TO FUN direct should	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)  REMOVAL (Specify)  4-18-66  EDAR  BLUT  HUNAPOLIS  ADDRESS  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	tate) =
	VR A15 (4) 20M 1/65	Jakn M. Ty tox Sens Unigoto, Md. DippR 18 1966 fcharles Judge	* 



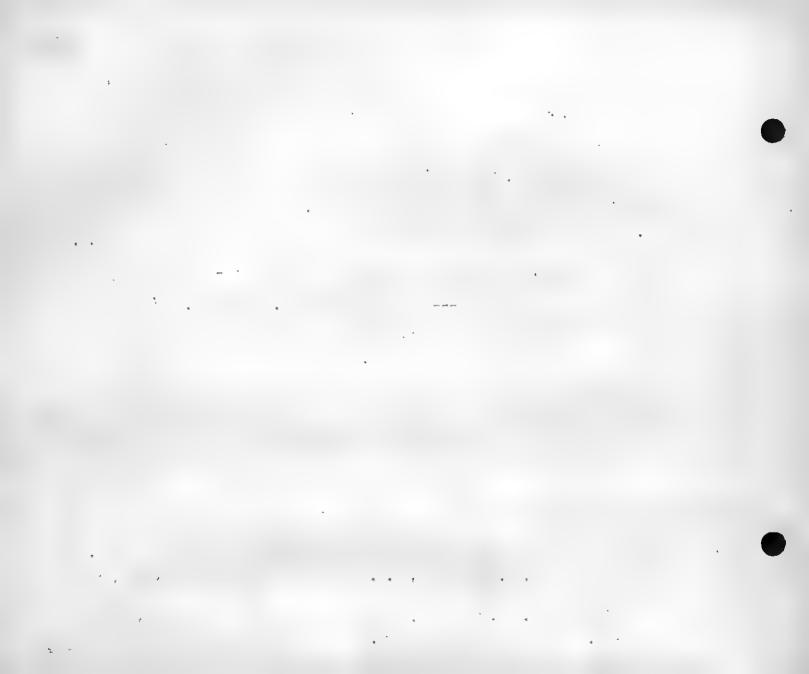
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04721 certificate be executed within 24 hours after death. death the funeral ages I and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution, Residence before admission) G. COUNTY ANNE ARUNDEL a. STATE **b** COUNTY MARYLAND MARYLAND b CITY OR TOWN (If autside carparate limits, E LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give negrest tawn) hours 2 DAYS BALTIMORE .= IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS within 72 KIMBROUGH ARMY HOSPITAL 8L2 WEST YES NAME OF Middle 4 DATE Last Month Day Year DECEASED ELLEN KEMP ANN 1966 APRIL 29 DEATH 5 SEX 6 COLOR OR RACE 7 MARRIED A NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS ost birthday) Months Hours FREATE CAU in any 2 JANUARY 1902 WIDOWED DIVORCED 100 USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during Outs (proplying life, even if retired) INDUSTRY COUNTRY? N/A MONTGOMERY. MARYLAND 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal. (?) KING HENRY DAYMERE Cora E. Daymude 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 842 WEST 37TH STREET O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death (Yes, no a unknown) (If yes give war ar dates of service) 217-12-0622 MR LAWRENCE KEMP BALTIMORE, MARYLAND buriol, cremotian, IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN buriol-tronsit PART I. DEATH WAS CAUSED BY: ACUTE MYOCARDIAL INFARCTION IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove AUTERIOSCHEROTIC HEART DISEASE UNKNOWN rise to immediate cause (a), DUE TO stating the underlying cause has been last PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 2 TO FUNERAL DIRECTOR: After this certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) Not While at work 21. I certify that (1) (this haspital) attended the deceased from 20 APRIL 1000 to 29 APRIL 1000 that (1) (we) las 19 66, and that death accurred at 7:30PM, fram causes and an the date stated above saw the deceased alive an\_ APRIL 22b. DATE SIGNED 22a, SIGNATURE MED. DIRECTOR STAFF PHYS. ATTENDING r, poge 3 be filed M.D. PHYS 22d, ADDRESS 22C PHYSICIAN S NAME (Type) KIMBROUGH ARMY HOSPITAL FGGM. director, should by 23a BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Loudon Park Cem MA PECED BY REGISTRA DATE 4 1966 Balto Burial 24 FUNERAL DIRECTOR G. Truman Schwab 3512 Frederick Ave. Balto. Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY h. COUNTY ANNE ARUNDEL

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLANO Maryland Anne Arundel
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b ve carbon papers. Pagevent, within 72 hours Baltimore 33 years
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Baltimore d. STREET ADDRESS 8. IS RESIDENCE ON A FARM? Hammonds Lane Hammonds NO S The law requires that the death certificate be executed within letely 3. NAME DE Middle DATE Month Year DECEASED DF (Type or print) 1966 April Konieczny DEATH 22 AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Oays | Hours | Min. 5. SEX 6. COLOR OR RACE 8. OATE OF BIRTH and cor 7. MARRIED TO NEVER MARRIED any Female Whi te WIOOWED [ DIVORCED [ Dec. 17. 65 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Housewife
13. FATHER'S NAME Baltimore, Maryland U.S. MOTHER'S MAIDEN NAME Then гетоуа Simon Drzymala

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes pive war or dates of service) Mary Anna d by the attend transit permit. cramation, or re 16. SOCIAL SECURITY NO. 17. INFORMANT Address Stephen J. Kenny same 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN been signed by the burial-transit or to burial, crams ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OR ATTENDING PHYSICIAN: The law requires that to be retained by the hospital or attending physician. OUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate NO M YES T 20a. ACCIDENT WAS UNDERLYING IT 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) DIRECTOR: After this certing 3 should be detached led with the State Dept. of OR CONTRIBUTING D CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work While at work 1956 196 6, that (I) (we) last 22 am 21. I certify that (I) (this hospital) attended the deceased from 19.6.6, and that death occurred at 2.0 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. OATE SIGNED page MEO. DIRECTOR STAFF PHYS. Page 4 may t TO FUNERAL C director, pag should be fill PHYSICIAN'S 22d. ADORESS 22C. NAME (Type) A. R. Sosnowski, M.D. 4016 Ritchie Highway, BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (City, town or county) Stanislaus Comotory | Da. L. H. Baltimore, Maryland
REGISTRAR | 25b, REGISTRAR'S SIGNATURE 24. FUNERAL OIRECTOR George J. Gonce - 4001 Ritchie Hgwv. VR A15 (4) Baltimore Maryland 20M 1/65



CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, If institution; Residence before edmission) e. COUNTY e. STATE b. COUNTY ล้ายทสดใ by the and 2 death. Anna Maryland Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Pasadena Pessdens d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Brookfield Road Brookfield Road YES NOX completely death certificate be executed 3. NAME OF Frest Middle Year DECEASED OF KULIGHT (Type or print) JASPER Jack DEATH 1966 퍞 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 19. AGE (In yeers LIF UNDER LYEAR) IF UNDER 24 HRS. and ă lest birthdey) Months Dec. 4th 1903 WIDOWED [ DIVORCED T event, physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ret red) Maryland Potomac Electric Power Company USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John R. Knight Bessie Mae Gates 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) [ (Ifyesgive wer or deles of service) Mrs. Helen Knight Same as # Wife 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE IN ARTERIO SCLEROTIC HEART UNKALCED N DUE TO OFFRONIC HEPATIC-RENAL FAILURE geve tise to immediate cause DUE TO (a), sleting the underlying PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO 💢 CERTIFIC 20e. ACCIDENT WAS UNDERLYING . ] 20b. DESCR BE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF NJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Dev. Yeer (County) (State) fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work to. Callediand 1900, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from. July ....... 1966 saw the deceased alive on. 22b. DATE 22e. SIGNATURE SIGNED ATTENDING K PHYS. DIRECTOR O HOSPITAL death Page 4 M.D. 22c PHYSICIAN'S 22d. ADDRESS filed , 23e. BURIAL, CREMATION, | 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. 1OCATION [City, fown or county] (Stele) Suitland, Maryland Cedar Hill 春春 0 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 ....ons Bros.-1601-Jood Hope Rd., SE

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
STATEM	04724 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
Page and of Debt.	PLACE OF DEATH  a COUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceased ved, if institution Residence before odmission)  a STATE  MARYLAND
m PM3 Page Deportment of rs ofter death.	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  write RURAL and give nearest town)  All the fourth of STAY IN 1b  C CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
haurs of	d. NAME OF HOSPITAL OR INSTITUTION (f not in hospita, give street address)  d. STREET ADDRESST  On A FARM  YES NO P  VES NO P
22 2	NAME OF First Middle Last P. 4. DATE Month Doy Year OF DEATH OF DEATH DEATH 1966
2 with the	6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IFUNDER 1 YEAR IF UNDER 24 HR ast builday) Months Days Haurs Min
	a USUAL OCC. PATION (Give kind of work done industrial
File pages lo	John Kule DALY armstrong
1.4	WAS DECEASED EVER IN U.S. ARMED FORCES?  es, no, or unknown) (If yes give war or dates of service)  10 SOCIAL SECURITY NO  17. INFORMANT  Address  From / J  Security
or removal,	18 CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  ONSET AND DEATH
cremotion, or re	Conditions, if ony, which gave (b)
os a I, cre	stating the underlying cause (c)
be used os to buriol,	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(d)  19 WAS AUTOPSY PERFORMED?  YES \[ \] NO \[
ould prior	,
age 3 sh agent,	20c TIME OF INJURY Month, Day, Year Hour a.m. 20d INJURY OCCURRED While Not While at work at work (State)
IRECTOR: Podesignated	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquity, and in my opinion death resulted from Natural causes, Accident, Suicide, Homicide, Undetermined monner
its des	ACTUAL SIGNATURE  ACTUAL SIGNATURE  ACTUAL SIGNATURE  ACTUAL SIGNATURE  ACTUAL SIGNATURE  ACTUAL SIGNATURE  ACTUAL SIGNATURE SIGNATURE  ACTUAL SIGNATURE SIG
Health or its designated age	EXAMINER'S NAME (Type)  DEPUTY MED.CA. EXAMINER Address (Street, city, town, or county)  DEPUTY MED.CA. EXAMINER Address (Street, city, town, or county)  DEPUTY MED.CA. EXAMINER Address (Street, city, town, or county)  County) (Stote)
~5∓ °	REMOVAL (Specify) 4-21-66 Headowrulge Com - Celludge Mal  4 Funeral Director ADDRESS 250 REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE
15ME (5)	Gold Finance Home 237 Petapico ave sim JAPR 22 1966 Charles Judge

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) おりょかり d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital\_give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? = No X etely withi YES certificate be executed within Pog NAME DE First Milddle DATE Last 4. Month Day Year DECEASED (Type or print) 196 DEATH 5. SEX OR RACE and a so 6. COLOR 8. DATE OF BIRTH AGE (in years | IFUNDER 1 YEAR | IFUNDER 24 HRS last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED Months Hours WIDOWED DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRT WPLACE (County & State, or foreign country) I by the attending physician ransit permit. Then please cremation, or removal, and it 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Fmb Gas TOT mne FATHER'S NAME MOTHER'S MAIDEN NAME VOSE GELTHAD aduc La 15. WAS DECEASED EVER IN U.S. ARMED FORCES N 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unknown) (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN -transi ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the haspital or attending physician, been signed the burial-tra or to burial, cr IMMEDIATE CAUSE (a) 4201 DUE TO Conditions, If any, which (b) gave rise to Immediate **DUE TO** cause (a), stating las be as th prior underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY for use Health g this certificate letached for use Dept. of Health PERFORMED? YES F NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1) of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While D HOSPITAL OR ATTENDING Page 4 may be retained by 19 at work at work p.m. DIRECTOR: Af age 3 should I iled with the S 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at \$130 M. from the causes and on the date stated above. 19 65 saw the pieceased alive on SIGNATURE 22a. 22b. DATE SIGNED page ATTENDING M.D. PHYS. PHYS. DIRECTOR FUNERAL PHYSICIAN'S director, p should be 22C. ADDRESS 22d. NAME (Type) Ow. ORD TVIDUSHAMLE 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY /230/. LOCATION (City, town or county) (State) 9 REMOVAL (Specify) 1 UNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04726 114725 FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, it institution: Residence before admission) b county Anne Arundel a. COUNTY o. STATE 3 to Page 0 death. Marvland Anne Arundel MARYLAND b CITY OR TOWN ( f outside carporate limits, write RURAL and give nearest town) CLENGTH OF STAY N 1b c. CITY OR TOWN (If autside carparate fimits, write RURAL and a ve nearest town) Departm Baltimore-rural Baltimore-rural d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS Half-Way House e IS RESIDENCE ON A FARM? 18. Give Poges 1, 2 along with form hours Earleigh Heights Rd. and Richie Highway Earleigh Heights Rd. and Richie Hewy wo 3 NAME OF M ddle Firs\* Last 4 DATE Month Year DECEASED Norris LEACH STERLING April 19 19 66 (Type or print) DEATH S SEX 8 DATE OF BIRTH IF UNDER 1 YEAR 6. COLOR OR RACE 9 AGE (In years IF LINDER 24 HRS 7. MARRIED NEVER MARRIED 3 lost burinday) Months Hours Aug. 31, 1920 White Male WIDOWED DIVORCED event 10a, USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life even if retired) Restaurant COUNTRY? Fauguier Co., Va. VIIO 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Leach Bessie Furr ang 15. WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT This certificate should be executed Box 612 (Yes, no, or unknown) (fyes give wor or dates of service)
Yes World War II or removal, 223-40-2272 Mr. Luther E. Payne Warrenton, Va 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Multiple incised wounds of neck and arms e, writing the word farwarded to the Ch buriol, cremotion, DUE TO Canditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO T please execute the certificate, 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of noury in Part I or Part I of Item 18) PRIMARY Sor CONTRIBUTING CAUSE OF DEATH Cut throat and arms 5 may be retained for your files to FUNERAL DIRECTOR: Page 3 sh Health or its designated agent, 20c TIME OF INJURY Month, Day, Year 20d NURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) While at wark factory street, affice bldg , etc.) 4/19 19 66 10:55pm Anne Arundel tavern Inspection X 21. I certify that I took charge of the remains described above, held an Autapsy Inquiry [ and in my apinion funeral director. death resulted from: Notatal causes Accident ( Stricide [X]. Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER XX SIGNATURE 4/20/66 **OEPUTY MEDICAL EXAMINER EXAMINER'S** Rudiger Breitenecker, M.D. NAME (Type) Address (Street, city, town, or county) the 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g BURIAL CREMATION (County) (State) 4/20/1966 Warrenton Cemetery Warrenton. Va. 250. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR 250. RECD BY REGISTRAR DATE APR 25 VR A15ME (5) 6M 1/66



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
Nava a	CERTIFICATE OF DEATH
hours after death, and in buthe funeral and is. Pages and 22 hours effer death.	1. PLACE OF DEATH a. COUNTY  A. C
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
4 hours	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
N ≡ 8 = 1	North Arundel General 206 Southbridge Dr. VES NOK
within pletely carbon portion procession print, within	3. NAME OF DECEASED (Type or print) CHR 2/e 3 F. Le Je y 111 DEATH 4 DAY Year DEATH 4 DEATH 4 DEATH
executed within n and completely in semove carbon pin any event, within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ACE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.  WIDDWED DIVIDING DAYS Hours Min.
e an ai	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR liberty (County & State, or foreign country)  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?
and Sicilification	Annapolis, raryland U.S.
fical f phy en p	13. FATHER'S NAME  LE O /e y  14. MOTHER'S MAIDEN NAME  Description I Total
ding The Temp	barbara 0. leter
The law requires that the death certificates of or attending physician. Cate has been signed by the attending physician are use as the burial-transit permit. Then please reealth prior to burial, cremation, or removal, and in a	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No Charles F. Ledley, Jr. (same)
e de	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]
tt the deal lan. d by the al ransit perr	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  HANDSTERMINED INTERSTITIAL  ONSET AND DEATH
aw requires that t trending physician. has been signed b as the burial-tran prior to burial, cre	525X DUE TO PROLIFERINIS
uires g phy en sig buri	Conditions, If any, which gave rise to Immediate (b)
aw requir tending pass been as the b prior to b	cause (a), stating the DUE TO underlying cause last.
Taw atten has e as h prio	
	PERFORMED? YES NO
PHYSICIAN: The law the hospital or aften tr this certificate has detached for use as te Dept. of Health prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERM INAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY PERFORMED?   YES   NO     20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
#####################################	State   20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (County) (State)   20f. (City or town) (County)   20f. (City or town)   20f.
ATTENDING retained by CCTOR: After S should be with the Stat	21. I certify that (I) (this hospital) attended the deceased from 1-4, 1966 to 4-22, 1966 that (II) we) last
ATTENDI retained CTOR: A should vith the 8	saw the deceased alive on 4-2/. 19 66 and that death occurred at 2.3 M, from the causes and on the date stated above.
DOR A Doe T Do W	22a. SICNATURE 22b. DATE SICNED ATTENDING MED. STAFF
Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	22c. PHYSICIAN'S NAME (Type)  PHYS. DIRECTOR PHYS. H/Z2/6 C
O HOSPITA Page 4 ms O FUNERAL director, p	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
55 55 %	Burial (Specify) 4-23-1966 Glen Haven Memorial Park Ritchie Hgwy., A.A.Co., Md.
14	24. FUNERAL DIRECTOR George J. Gonce - 4001 Ritchie Hgwy
VR A15 (4) 20M 1/65	Baltimore, Mi. 21225 DAPR 26 1966 Icharles Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death funeral and 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE b. COUNTY after Maryland Anne Arundel b. City or TDWN (if outside corporate limits. MARYLAND c. LENGTH OF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours Glen Burnie Ferndale) ,= Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled e. IS RESIDENCE within 72 ON A FARM? NO T #208 Hollins Ferry North Arundel Hospital Rd YES executed within completely pou. NAME OF DATE 3. First Middle Month Year DECFASED OF DEATH event, (Type or print) April 19 66 Milliam ehnert 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | Iast birthday) | Months | Days | Hours | Min. 9. White WIDOWED I DIVORCED July 22.1894 Male 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) certificate be during most of working life, even if retired) COUNTRY? physicia n please val, and U.S.A. Raltimore. Md. Engineer(Ret) House Correction Stationarv 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova been signed by the attending the burial-transit permit. Then to burial, cremation, or remov Marie Lindeman Clements Lehnert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 17. INFORMANT Same as death (Yes, no, or unkewn) (If yes pive war or dates of service) Mrs. Myrtle E. Lehnert 212-03-24**7**7 (wife) None No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 2da40 - 3 the hospital or attending physician. DUE TO ROUTE APRENAL LUSKE Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. certificate has 233 CERTIFICATION WAS AUTOPSY-PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use PERFORMED? YES T NO T this certimed for detached for DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20a. ACCIDENT WAS UNDERLYING [ DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) FUNERAL DIRECTOR: After the lirector, page 3 should be de hould be filed with the State Hour a.m. While Not While be retained by at work at work aresen that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from M, from the causes and on the date stated, above. saw the deceased alive on and that death occurred at 22b. DATE SIGNED 22a. SIGNATURE director, page should be filed ATTENDING PHYS. DIRECTOR M.D. Page 4 may 22d. ADDRESS 22c. PHYSICIAN'S ■【 (Type) 529 Camo Meade Rd. Linthicum. Md. Lott evmond BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 9 1966 Glen Haven Mem. Glen B**wenie.** Maryland Park Burial 24. FUNERAL DIRECTOR April 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR Richard V. Singleton Glen Burnie, Md. VR A15 (4) 15M 4-64

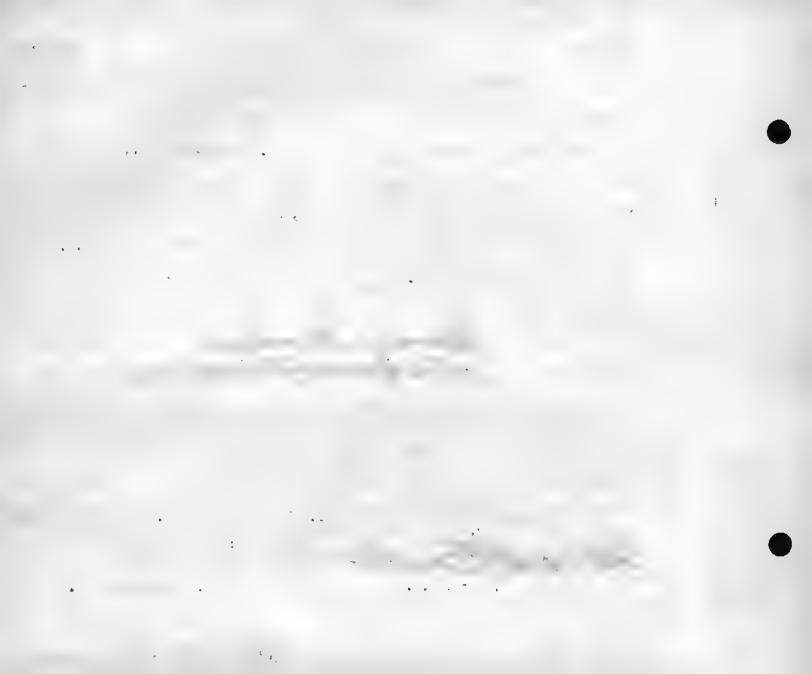


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) ANNE HRUNDEL a. CDUNTY a. STATE b. COUNTY MARYLAND BALTIMORE CROWNSVILLE MARYLANO b. CITY OR IDWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) WEEK BALTIMORE .= d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AODRESS e. IS RESIDENCE ON A FARM? bon par within 402 MARY AVE. CROWNSVILLE STATE HOSPITAL KON letely #31846 3. NAME OF First Middle Last DATE Month Oav DECEASED LEPHARDT 30 1966 (Type or print) JOHN FREDERICK DEATH APRIL 5. SEX 6. COLOR DR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS Slast birthday) Months Oays 17. MARRIEO **NEVER MARRIEO** гетто Hours any 3-20-1883 MALE WHITE WIOOWENCK OIVORGED 10a. USUAL OCCUPATION (Give kind of work done I 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT lease and ir during most of working life, even if retired) INOUSTRY U.S. physi death certificate ᆸ 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME Then removal KATHERINE KEIBEIN CHRISTOPHER LEPHARDT 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY ND. 17. INFORMANT transit permit. Address (Yes, no, or unknown) (If yes nive war or dates of service) 21 5-03-1 298 RECORDS: CROWNSVILLE STATE HOSPITAL 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN I-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. CONGESTIVE HEART FAILURE WEEK IMMEDIATE CAUSE (a) been signed the burial-tr or to burial, ( **OUE TO** Conditions, If any, which <u> Arteriosclerotic\_heart\_disease</u> YEARS (b) gave rise to immediate OUE TD cause (a), stating the underlying cause last. 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY for use Health I PERFORMEO? certificate YES Y NO I CHRONIC BRAIN SYNDROME ASSOCIATED WITH CEREBRAL ARTERIOSCLEROSIS 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF OBATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURREO. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) of hed Hed Dept. CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm.) (State) 20f. (City or town) (County) factory, street, office bldg., etc.) بە Hour a.m. WEDS Not While p.m. at work at work retained 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last DIRECTOR: age 3 should lied with the and that death occurred # M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE OATE SIGNEO 22b. page ATTENDING PHYS. DIRECTOR M.O. PHYS. 4 may HOSPITAL FUNERAL director, p PHYSICIAN'S 22d. ADDRESS NAME (Type) ERPINNEY, CLESTAT BURIAL, CREMATION, 23b. OATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Baltimore, Md. Green Mount 5-3-66 Cremation ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL OIRECTOR VR AI5 (4) 1/65

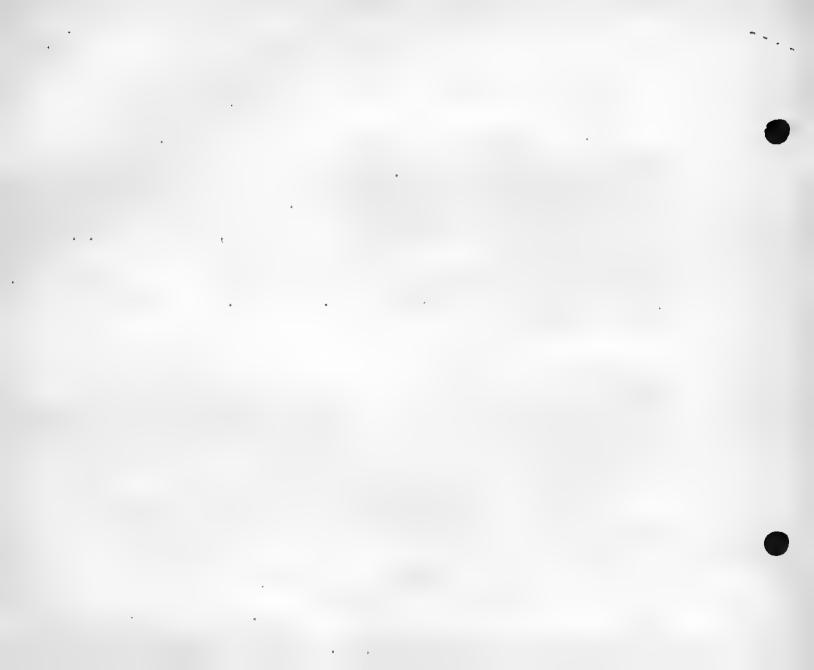
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04730 requires that the death certificate be executed within 24 hours after death. filled in by the funeral papers. Pages 1 and 2 thin 72 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY a. STATE b. COUNTY Anne Arundel Anne Arundel Maryland MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town)

Annapolis c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) Annapolis d NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Anne Arundel General Hospital 15 Monticello Ave. NO X 3 NAME OF Middle First Last 4. DATE Month Day Year DECEASED (Type or print) Elizabeth MARTIN April Irene 19 66 DEATH the attending physician and campi sit permit. Then please remove 5. SEX 6 COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED tast birthday) Months Days Haurs White May 9, 1892 Female WIDOWED 3 DIVORCED TOo. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR BIRTHPLACE (County & State or fareign country) 12. CITIZEN OF WHAT during mast of working life, even if retired) NDUSTRY COUNTRY? Maryland 13. FATHÉR'S NAME 14. , MOTHER'S MAIDEN NAME or remayal, IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, na, pr. Jhknawn) (If yes give war or dates of service crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).)
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit DUE TO Canditions, if any, which gave rise to immediate cause (a). stating the underlying cause by the haspital ar attending has been the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? TO FUNERAL DIRECTOR: After this certificate YES | NO X ja 20a. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part 1) of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Haur a.m. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Not While factory, street, office bldg., etc.) at work at wark 2). I certify that (I) (this besond) attended the deceased from Mar. 17 19 66, to Apr. 17, 19 66 that (1) (wex last Page 4 may be retained shauld sawethe deceased alive an Apr. 17 1966, and that death accurred at M, fram causes and an the date stated above. 22n ChAFORE 22b. DATE SIGNED XX DIRECTOR directar, page shauld be filed 22d. ADDRESS NAME (Type) Edward S. Beck. M.D. 71 Franklin St., Annapolis, Md. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (State) REMOVAL (Specify) FUNERAL DIRECTOR ADDRESS 256" 'REC'D BY REGISTRAR Sb REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

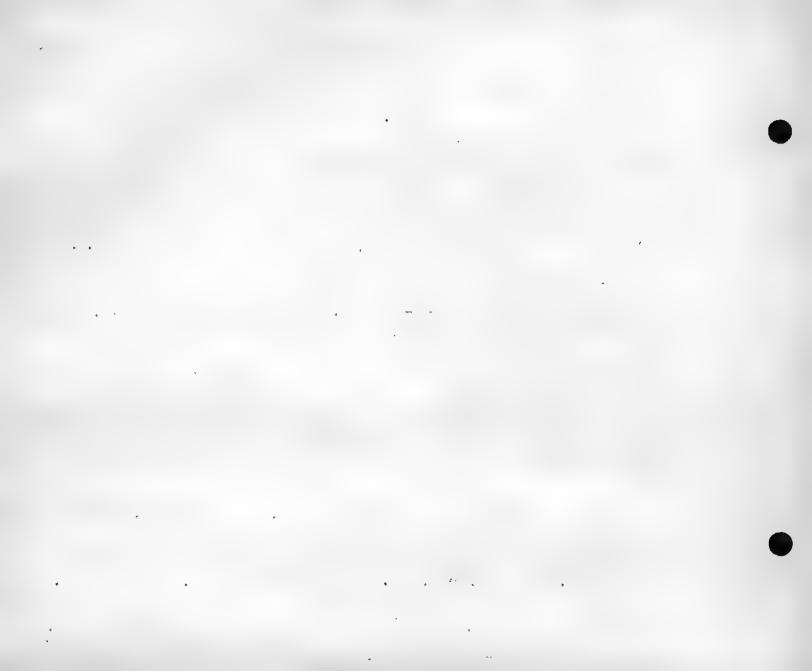


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATMarvland b. COUNTY Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Glen Burnie c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b remove carbon papers. Pag in any event, within 72 hours Hours Glen Rurnie e. IS RESIDENCE filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? 100 Eugenia Ave. North Arundel Hospital NO YES executed within completely NAME OF DECEASED First Middle Last DATE Month Day Year April 29 66 McGee S. (Type or print) Morman DEATH 19 6. COLOR OR RACE | 7. MARRIED AGE (In years | FUNDER 1 YEAR | FUNDER 24 HRS. | Jast birthday) | Months | Days | Hours | Min. 5. SEX DATE OF BIRTH NEVER MARRIED White 31 Jan. **198**2 Male DIVORCED WIDOWED 10e. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY IS & Electris De. COUNTRY? апо Gas & Baltimore. Maryland Foreman certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remova Alice Tudar (unknown)McGee attendie 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the atten the burial-transit permit. or to burial, cremation, or death (Yes, no, or unkown) ((If yes give war or dates of service) Mrs. Frances E. McGee - Same as RESERVE YES 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the prior r this certificate has b detached for use as t te Dept, of Health prior underlying cause last (C) WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO TO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, Page 4 may be retained to FunkRal DIRECTOR: After the director, page 3 should be de director, fried with the State factory, street, office bldg., etc.) | be de State | Hour a.m. While Not While p,m. at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 41.30 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED 22ь. . ATTENDING PHYS. M.D. DIRECTOR PHYSICIAN'S NAME (Type) 22d. 22c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify) Glen Burnie, Maryland Glen Haven Memorial Pk. 1966 Burtal Mav ADDRESS 25b AFGISTRAD'S SIGNATURI 24. FUNERAL DIRECTOR VR A15 (4) Home/Glan Burnie. Md. 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04732 CERTIFICATE OF DEATH the ottending physician ond completely filled in by the funeral sit permit. Then please remove carbon papers. Pages 1 and 3 requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o STATE **b** COUNTY Maryland Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (if autside carparate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) C. LENGTH OF STAY IN 1h Gambrills 2 hrs. Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Anne Arundel General Hospital YES NO X NAME OF DECEASED Middle First 4. DATE Last Month Dov Year 0F McKNEW Charles Wilbur 19 66 April (Type or print) DEATH event, IF UNDER 1 YEAR IF UNDER 24 HRS. 8 DATE OF BIRTH AGE ( n years S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost pirthdov Months Male White WIDOWED DIVORCED June10,1884 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 17 BIRTHPLACE (County & State, or foreign country) INDUSTRY COUNTRY? Building Const Maryland Carpenter Woodbine

14. MOTHER'S MAIDEN NAME 13. FATHER S NAME Mary Boetler George McKnew 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dates of service) 16. SOCIAL SECURITY NO 220-07-8299 Mrs. Madelyn Downs - Gambrills, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c) PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH bur ol-tronsit MYOCARDIAL INFARCTION IMMEDIATE CAUSE (o). 4201 DHE TO ARTERIOSCHEROTIC HEART Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause Page 4 may be retained by the hospital or ottending IO FUNERAL DIRECTOR: After this certificate hos been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) for use NO TO YES 🔲 20g ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) factory, street, office blda., etc.) at work 21. I certify that (I) this charged attended the deceased fram April 6, 1966, to April 6, 1966, that (I) (we) last saw the deceased alive an April 6 1966, and that death accurred at \_\_\_\_\_M, fram causes and an the date stated abave. 22a SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR 4/6/66 M.D. director, page 3 shauld be filed a 22d. ADDRESS 22c. PHYSICIAN'S Logan Holtgrews, M.D. 100 Cathedral St., Annapolis, Md. NAME (Type) 23a. BUR AL, CREMATION, REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF (County) (Stote) Glen Haven Cemetery .10166 2So, REC'D BY REGISTRAR PERISTRARS SIGNATUR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1968 FUNERAL HOME -Annanolis



160	1	MARTLAND STATE DE Division of STATISTICAL RESEARCH AND RECORDS, 30			MORE, MARYLAN	D 21201
IM)		04733 CERTIFICATI	E OF DE	EATH ( )		04732
requires that the death certificate be executed within 24 haurs after death g physician.  signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remove carban papers Pages 1 and 3 a burial, crematian, ar removal, and in ony event, within 72 haurs after death	1	COUNTY A. A. CO. MARYLAND	2. USUAL R o STATE	ESIDENCE (Where deceos	ed fived, if institution b COUNTY	Residence before admission)
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filled in papers thin 72 ha	1	HAME OF HOSPITAL OR INSTITUTION (If not in hospito), give street oddress)	912	CREEK	DR.	e. IS RESIDENCE ON A FARM? YES NO
ed within oletely fi carban ent, with		NAME OF DECEASED Type or pant) Potert Andrew	McLa	4. DATE OF DEATH	Mogth	Doy Year / 19 6 6
e executed with		MAIR White Widowed Divorced	8 DATE OF BI	1965 g		UNDER 1 YEAR IF UNDER 24 HRS. Doys Hours Min
ciamon ci	dur	USUAL OCCUPATION (Give kind of work done gmost of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	HIUN	ACE (County & State, or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
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e death attemdin on, ar re	15 (Y	WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17  [If yes give wor or dotes of service]	INFÓRMANT RANC	is C. M	15 LAUGH	1/Lin #2
hat the n.y the cansit permation		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY.  1MMEDIATE CAUSE (o)	5 p1 > 0	tory Fa	lure	INTERVAL BETWEEN ONSET AND DEATH
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law rec nding p been s s the b		stating the underlying couse (c)				
N: The or after or after has as as adith pro	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO				19 WAS ALTOPSY PERFORMED? YES NO
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ING PH by the Frenchister this re detail	MEDICAL	Hour o.m. While Not While of work of work	ACE OF INJURY ( tory, street, office	ce bldg., etc.)	(City or town)	(County) (State)
R ATTENDING retained by th RECTOR: After t 3 shauld be de with the State		21. I certify that (1) (this haspital) attended the deceased fram_saw the deceased alive an March 12 19(44, and the	at death acc	, 19, t :urred atN	1, fram causes and	, 19 <u>66</u> , that (I) (we) last lan the date stated above.
DIRECT DI		Cee / m	.D. PHYS	MED. DIRECTOR	STAFF PHYS.	22b. DATE SIGNED 4-1-66
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aftenge 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and additional and the director, page 3 shauld be detached far use as the burial-transit permit. Then please termove carban papers Pages should be filed with the State Dept. af Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after the state Dept.	22.	NAME (Type)		HUNAPO	CATION (City or Town)	(County) (Stote)
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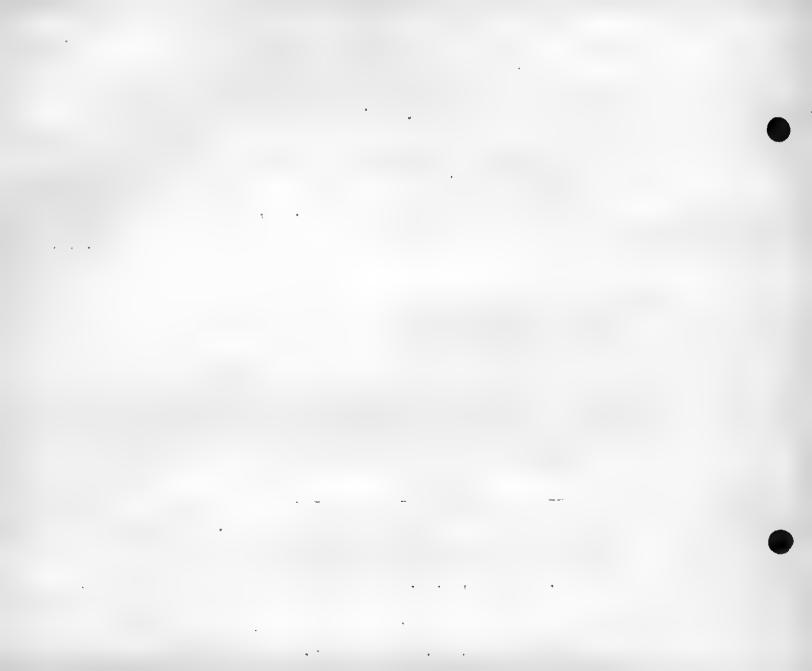
ARRIPORIS MD. FRALICIS C. MS

73-5-14 4-2-66

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, it institution: Residence before edm ssion) a. COUNTY COUNTY MARYLAND Marvaand c. CITY OR TOWN (If outside corporate limits write RIKAL and give nearest town b. CITY OR TOWN (if outside comparete limits E. LENGTH OF STAY IN 16 write RURAL and give mearest town) d. STREET ADDR OR INSTITUTION (if not in hospital, g ve street address) . IS RESIDENCE ON A FARM? YES NO X 3. NAME OF Middle DATE Month DECEASED OF (Type or print) DEATH and r 5. SEX 4. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED THE NEVER MARRIED last birthday) MIDOWED event, гешоме 10s. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY done during most of working life, evan it retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Blanche S. Strong 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. ( 17. INFORMANT Address (Yes, no, or unknwn) ! (If yes give war or dates of service) 2 N.2nd. Ave., Lawrence .Meldrom 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate causa DUE TO (e), stating the underlying cousa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work D. III 20 ..... 196C, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from.............. saw the deceased alive on ... ATTENDING 22b. DATE 22a S GNATURE SIGNED DIRECTOR M.D 22d ADDRESS PHYSICIAN'S NAME (Type) 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county (State) REMOVAL (Specify) OF Loudon Park Baltimore. Md. 1SM 7,61 DATE

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after death. the funeral ages I and 2 s after death.		COUNTY		15,	MARYLL C. LENGTH OF STAY IN	1b	o. STATE  Mar  COLTY OR TO	SIDENCE (Where deceos	b. COUN	TY	
cuted within 24 haurs after ampletely filled in by the fur ve carban papers. Pages 1 event, within 72 hours after	3	Crownsy NAME OF HOSPITA  Crownsy NAME OF	ville AL OR INSTITUTION (H no	of in hospito	Spital Middle	lays	d STREET ADD	83 Ballou	Month		e IS RESIDENCE ON A FARM? YES NO DOY
certificate be executed within physician and campletely fill hen please-renave carban phaval, and agenteent, with	5 : F	emale US JAL OCCUPATION	6 COLOR OR RACE White [Give kind of work done	7, MARRIE WIDOWE	D NEVER MARRIED		11. BIRTHPLAC	21, 1894 ACE (County & State, or for	AGE (In years last birthday)  Yrs eign country)	Months Do	ys Hours Min.
th certificate ling physician Then pleas	13.	FATHER'S NAME  LOUIS  WAS DECEASED EVE	fichel		6. SOCIAL SECURITY NO	17. IN	14. MOTHER'S	aryland S MAIDEN NAME Henrietta	Weber Address		5.A.
The law requires that the death certifica attending physician. has been signed by the attending physic as the burial-transit permit. Then plu priar ta burial, crematian, ar remaval.	Un	18. CAUSE OF DE	which gave ) a couse (a),	(o) A	219-22-7279 for (o), (b). ond (d) rt#ricscler			tal Record	ds		INTERVAL BETWEEN ONSET AND DEATH
Page 4 may be retained by the hospital or attending physician.  For Euneral Director: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please-remayer carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remayal, and age, event, within 72 hours after death	MEDICAL CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY IN 20c TIME OF INJU- Hour om p.m.	UNDERLYING INCLUDED IN CAUSE OF DEATH MEDICAL EXAMINER)  TYPE Month, Doy, Yeor	205.	DESCRIBE HOW INJURY OCC INJURY OCCURRED 2	URRED (E	E OF INJURY (Hery, street, office	Home, form, 20f. e bldg , etc.)	(City or town)	(County)	, ,
TO HOSPITAL OR Page 4 may be represented to Funeral Director, page 3 should be filed w		22c. PHYSICIAN'S NAME (Type)  BURIAL, CREMATIO REMOVAL (Specify) FUNDAL DIRECTOR	N, 23h. DATE THE 4/13/	66	M. D.  Jose NAME OF CEMETI Univ. of ADDRESS St., Annapo	Mary	rematory yland	DRESS Winsville S	ATION (City or Tow timore, AR 2Sb. REC	spital	Maryland (Stote) nd ATURE



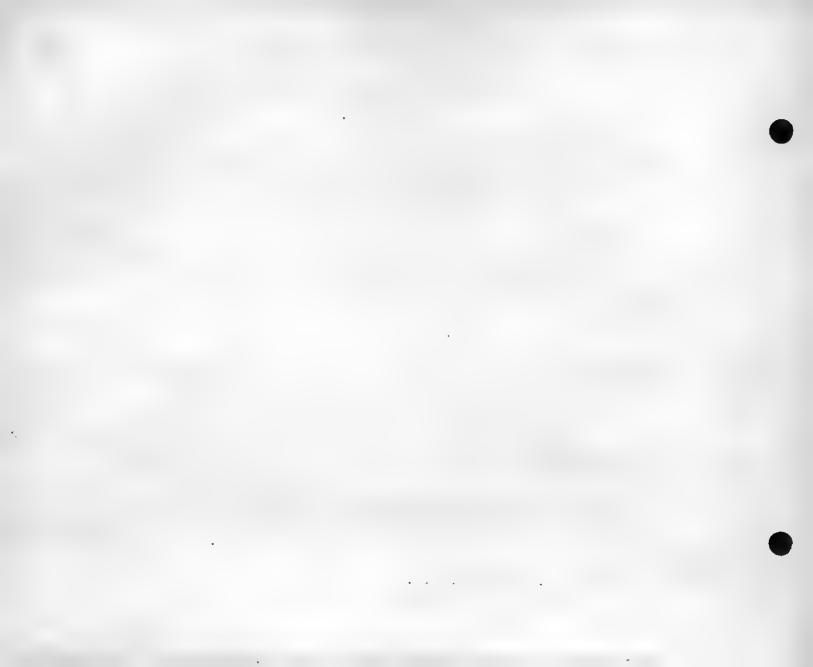
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH y the funeral Pages 1 and 2 ars after death. II. NAME OF DECEASED 12. DATE AND HOUR OF DEATH 24 hours after death (Type or Print) JOSEPH JOHN MILCHENSKI 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased fived, if institution; residence before admission B. COUNTY AF 1. 3. ARUINTEL COUNTY (If not in hospital or institution, give sheet AN .r. aatenDEL HOSPITAL OR BALTIMORE (If outside city limits, write RURAL and give township) oan papers. within 72 ha **INSTITUTION** filled in **Ealtimore** D. STREET ADDRESS 4217 Third St. pau Ealtimore, Md. 1217 Third St. complete S. SEX 9 MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs If Under 1 Yr. executed Hours WIDOWED, DIVORCED (specify) last birthdayl Months Days remave Male Whi te Nov. 21. 1907 married IGA. USUAL OCCUPATION Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore an country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? be physician c UnionBar Box Factory Retired requires that the death certificate U.S. 13. FATHERS NAME 14. MOTHERS MAIDEN NAME remava Thomas Milchenski Sophie Rosiak 15. Was Decensed Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT **ADDRESS** transit permit. (Yes, no at unknown) (If yes, give war or dates of service) SECURITY NO. No Elizabeth Milchenski transit INTERVAL BETWEEN DISEASE OR CONDITION DIRECTLY <u>ک</u> LEADING TO DEATH signed ! burial burial (This does not mean the made of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.) the haspital ar attending has been prior to ANTECEDENT CAUSES DISEASES SECONDITIONS, if any, giving Dept. of Health rise to the above couse (A) Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us UNDERLYING CONDITION last @ 21 D. TIME "(Month) (Dayl (Year) (Hour) 121E INJURY OCCURRED 23 F. HOW DIO INJURY OCCUR OF INJURY While At Not While (APPROX.) At Work 22. I certify that (I) (this-kespital) ottended the deceased\_fgom that (1) (we) lost saw the deceased alive on 5 0/1 and that in (my) (our) opinion death occurred on the dot director, page 3 shauld should be filed with the and hour and from the causes stated above. (1) (We) (did not) view the body after death. 23A. SIGNATURI 238. DATE SIGNED Attending M.D. Med. \$toff April 20, 1966 Phys. Director 23C. PHYSICIAN'S 23D, ADDRESS NAME (Type) 4016 Ritchie Hgwy., Baltimore, Md. Mario Reda 24A. BURIAL CREMATION, 248 DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION REMOVAL (Specify) 9 Glen Haven Memorial Park Apr. 23,66 Ritchie Hgwy., A.A.Co., Md. Burial APR 28 1966 25C. FUNERAL DIRECTOR George J. Gonce - 4001 Ritchie Hgwy.



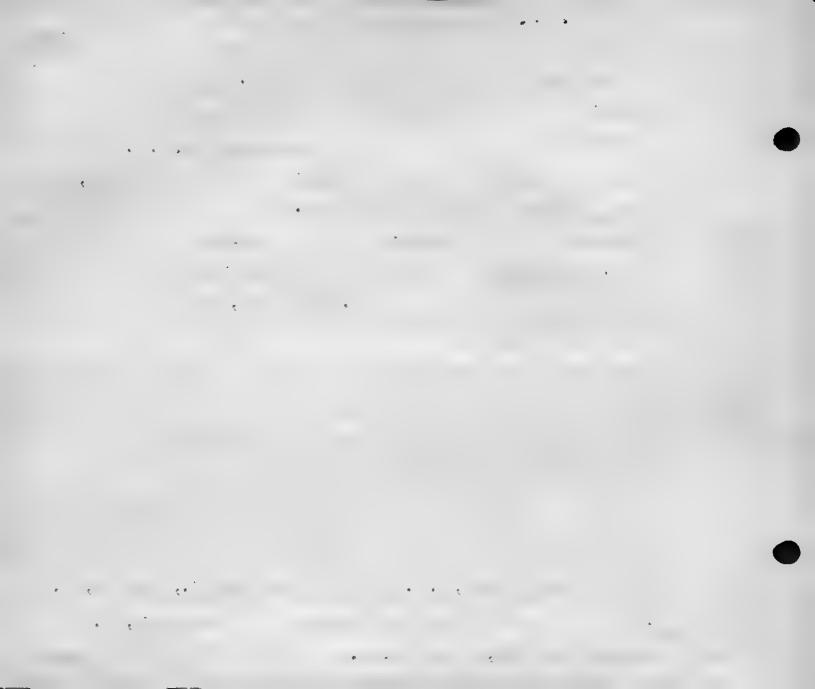
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death after death. 1. PLACE OF OFATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY A. STATE b. COUNTY Pages 1 Irs after b. CITY OR IDWN (if putside corporate limits, write RURAL and give nearest town) MARYLAND Anne Arundel c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. LENCTH OF STAY IN 1b hours Ξ. G. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AUDRESS papers. eq 6. IS RESIDENCE within 72 ON A FARM? Box 176 Route 6 North Arundel Gen Hosp. No be within etely carbon 3. NAME DE First Middle Last DATE Month Oav OECEASED event, 1 19 66 (Type or print) LLER DEATH ACE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE ещоле DATE OF BIRTH 7. MARRIED NEVER MARRIED WIODWED I DIVORCED Male White 10-28-20 10a. USUAL OCCUPATION (Cive kind of work done -10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ician ease during most of working life, even if retired) INDUSTRY CDUNTRY? **TISA** Coast Guard Yard Maryland certificate MOTHER'S MAIDEN NAME remova Marie Hess 15. WAS DECLASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address d by the attenct transit permit, cremation, or r death ( If yes give war or dates of service) (Yes, no, or unkown) Elizabeth Miller. Same as line D. 213-18-1922 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN DNSET, AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive myocardial infarction hours been S. the burial, burial, purial, pu DUE TO Arteriosclerotic heart disease Conditions. If any, which rise to immediate OUE TO cause (a), stating the underlying cause last. as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO EX YES [ 2Da. ACCIOENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) detached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | (County) (State) 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING e.m. at work at work ould the S 21. I certify that (I) (Misxinsoka) attended the deceased from August 27, 19 65 to present, 19 , that (I) (we) last DIRECTOR: age 3 should led with the 19 66 saw the deceased alive on January and that death occurred at 2: 10%, from the causes and on the date stated above. 22a, SICNATURE 22b. DATE SIGNED page M.D. PHYS. DIRECTOR PHYS. director, pa HOSPITAL **ADDRESS** Smallwood Rd Padadena NAME (Type) Marvland BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) (State) REMOVAL (Specify) 18-66 Burial Balto ADORESS Cemetery REC'D BY REGISTRART 258. 24. FUNERAL DIRECTOR McCullys, 130 E. Fort Ave. Balto. Ed



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death by the funeral death 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) b. COUNTY -Anne Arundel Marvland MARYLAND CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If autside corporate limits write RURAL and give georest town) c. LENGTH OF STAY IN 16 39vrs. 3mos. Crownsville d STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Crownsville State Hospital YES NO 3 NAME OF Middle 4. DATE LOST Day Year DECEASED #04724 OF DEATH 66 Jeanette Neal 19 G IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED remove last birthday) Months Days Hours - - 1895 WIDOWED DIVORCED Female Neoro and and in a 100 JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY/2/5A INDUSTRY Unknown Unknewn 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the attending physi burial-transit permit. Then pl burial, cremation, ar remaval, Unknown Unknown the attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) I(If yes give war or dotes af service) 16. SOCIAL SECURITY NO 17. INFORMANT Address Hospital Records 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Cerebral Vascular Accident JONSET AND IREATH IMMEDIATE CAUSE (a) be retained by the hospital ar attending physician. DHE TO Arteriosclerotic Cardiovascular Disease Years Conditions, if ony, which gave rise ta immediate cause (a), DUE TO storing the underlying cause has been be detached far use as the State Dept, af Health prior to 19. WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Obesity NO X YES [ O FUNERAL DIRECTOR: After this certificate PHYSICIAN: 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City ar town) (State) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg , etc.) Not While ot work at work 21. I certify that (1) (this hospital) attended the deceased fram... 19 3b, to 4757 1966, that (I) (we) last 1/7/ director, page 3 should sauld be filed with the 19.66, and that death accurred at 2:30 M, from causes and an the date stated above. saw the deceased glive on 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** 4/7/66 XM.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Crownsville. Maryland Benedict. NAME (Type) 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) BURIAL, CREMATION, KENGYAL (Specify) 25b. REGISTRAR'S SIGNATUR FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 24 hours after PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. COUNTY a. STATE b. COUNTY by the land 2 and Anne Arundel AA MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown! Pages 1 .⊑ d. STREET ADDRESS Annapolis executed within filled i affe d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE hours ON A FARM? Crownsville Road YES NO 604 Stewart Ave. and completely papers. 3. NAME OF DECEASED Middla Year OF DEATH (Type or print) within 19 66 Agnes carbon 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lest birthday) Months Hours evenf White WIDOWED TO DIVORCED 10 Mar<sub>\*</sub>1885 USUAL OCCUPATION (Giva kind of work affending physician please remove 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY dona during most of working life, avan if retired) Own Home Housewife Ireland TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5 and John Mulcahy Margaret Doyle Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address removal, (Yas, no, or unkown) | (Ifyes give war or datas of service) Mr. Thomas Nevin. same as 2 No permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). physician. INTERVAL BETWEEN certificate has been signed by ONSET AND DEATH 6 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, burial-transit DUE TO the hospital or attending Conditions, if any, which gave risa to immediata causa DUE TO (a), stating the underlying cause last. ffe PHYSICIAN: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION \$ Q PERFORMED? US6 prior NO 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of itam 18.) may be retained by the t. DIRECTOR. After this of should be detached the State Dent. for (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED I 2Da. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Hour a.m. Not While al work at work p.m. 19 ....., that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from... L.M. from the causes and on the date stated above. and that death occurred at 22a. SIGNATURE DATE ATTENDING MED. SIGNED death. Page 4 i DIRECTOR M.D PHYS. PHYS. irector, page HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) Gerard Church. M. D. 121 Cathedral St., Annapolis, Md. 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Slata) Burial D.g.g 16 April 66 Glen Haven Memorial Glen Burnie, Mi. 255, REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) Kirkley Funeral Home, Glen Burnie, Md. 2DM 5-63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04740 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death funeral 1 ond 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH o. COUNTY o. STATE **b.** COUNTY Maryland Anne Arundel Anne Arundel corbon papers Pages 1 ent, within 72 hours after MARYLAND pretely filled in by the footbon papers. Pages c CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) b CITY OR TOWN (If autside carparate +mits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 16 Davidsonville, Maryland 3 days Annapolis IS RESIDENCE ON A FARM2 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS YES I NO Anne Arundel General Hospital 4 DATE OF NAME OF Middle Dov Year DECEASED OAKLEY-(Type or print) DEATH Katherine Lou April AGE (In vears IF JNDER 1 YEAR IF UNDER 24 HRS SEX 6 COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthday) Months Doys Haurs White WIDOWED DIVORCED January Female 1905 TOO USUAL OCCUPATION (Give kind of work done during mount Oxidiang in a fair retired) TOB. KIND OF BUSINESS OR INDUSTRY HOme 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) U.S. cremotion, or removol, and Maryland 14 MOTHER'S MAIDEN NAME 13 FATHER S NAME Lou B. Trammell James B. Kearns 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Arthur W. Oakley same as #2 INTERVAL BETWEEN PART I DEATH WAS CAUSED BY signed by the burial-transit p ONSEL AND DEATH acute mujocas IMMEDIATE CAUSE (a) Page 4 moy be retained by the haspital or attending physician.

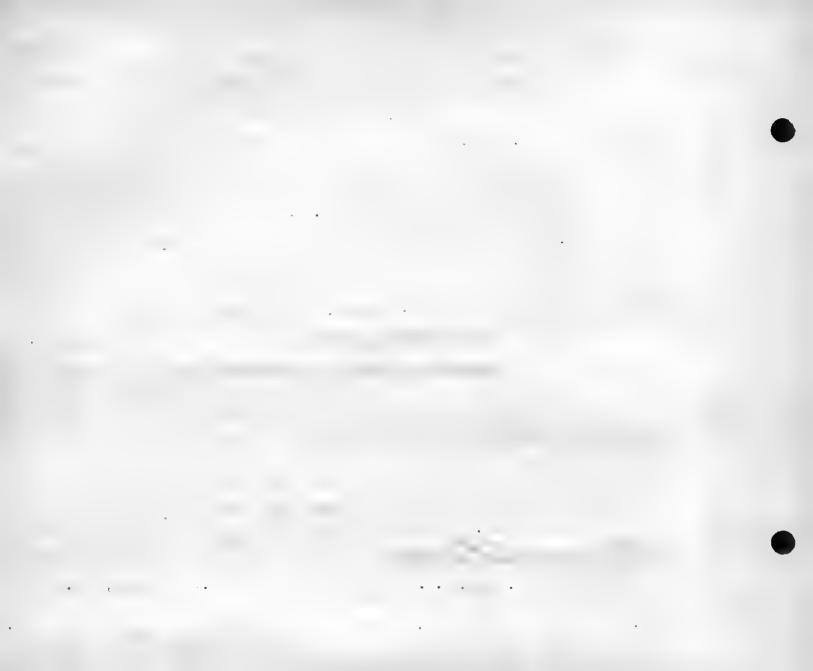
• FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Conditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying cause os the prior to last. WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) for use 3 should be detoched for use with the Stote Dept. of Heolth NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year Haur o.m. factory, street, office bldg .etc.) Not While 19 at work of work , 1954, to April 29, 1966, that (1) (we) last 21 I certify that (1) (this haspital) attended the deceased from March saw the deceased alive an Apri 1966, and that death accurred at M, fram causes and an the date stated above. 22a SIGMATURE 22b. DATE SIGNED ATTENDING X director, page 3 should be filed w M.D. DIRECTOR 22d. ADDRESS 22C PHYSICIAN'S NAME (Type) 1 Box 244, Mayo Rd. Edgewater, Md 23c. NAME OF CEMETERY OR CREMATORY 23d 10CATION (City or Town) (County) 230 BURIAL, CREMATION, 23b. DATE THEREOF (State) REMOVAL (Specify)
Burial Colmar Manor, Md. May 3, 1963 Ft Lincoln Cemetery 9 24 FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR S. SIGNATURE Hyattsville, Md. VR A15 (4) 20 M 1/66 1966 Gasch's Sons



20	1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1.0	M	04'741 CERTIFICATE OF DEATH
	r death funeral and and	1. PLACE OF DEATH  o. COUNTY Anné Arundel  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)  o. STATE Maryland  Maryland  Anne Arundel
	ors afte Pages Purs afte	b (ITY OR TOWN (if autside carporate limits c length of STAY IN 1b c. CITY OR TOWN (if outside carporate limits, write RURAL and give nearest town)  Fort George G Meade 5/12 Gambrills
•	lled in languages.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Kimbrough Army Hospital  RFD  o IS RESIDENCE ON A FARM? YES NO X
	d withir letely fi arban p	3. NAME OF First Middle Lost 4 DATE Month Doy Year OF (Type or pnint) EDWARD JOSEPH O HARA DEATH APRIL 13 1966
	d cample of move complete comp	S SEX 6 COLOR OR RACE 7 MARRIED X NEVER MARRIED B DATE OF BIRTH 9. AGE (In years last birthday) Months Doys Hours Min 79 yrs.  S SEX 6 COLOR OR RACE 7 MARRIED X NEVER MARRIED B DATE OF BIRTH 9. AGE (In years last birthday) Months Doys Hours Min
	cian and ease re	100 JSUAL OCCUPATION (G ve kind of work done during most of working life, even if retired)  100 KIND OF BUSINESS OR INDUSTRY INDUSTRY US Army  11 BIRTHPLACE (County & Stote or foreign country) Hazleton, Penna  12 CITIZEN OF WHAT COUNTRY? USA
	certifica g physi Then pl moval,	13. FATHER'S NAME Peter O'Hara Mary(Maiden Name Unknown)
	death ittendin ermit. n, ar re	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) Yes (WW1&2) (16. SOCIAL SECURITY NO 262-78-7198 W.J. O'Hara(Son) Same As Item # 2
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital ar attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health prior to burial, cremation, ar removal, and ip-ing event, within 72 hours after death	INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.  INTERVAL BETWEEN  Carcinoma of Colon  DUE TO  Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.  (c)
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. af Health prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19 WAS AUTOPSY PERFORMED?  YES NO DEATH
	OR ATTENDING PHYSICIAN be retained by the haspital of NRECTOR: After this certifical e 3 should be detached far ed with the State Dept. af Hee	PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	NG PH' y the h er this e defact ate Dep	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 20d INJURY OCCURRED While of work of
	rTENDI zined br OR: Aft cauld br	21. I certify that x1) (this haspital) attended the deceased from 23 Nov 1966, to 13 Apr 1966 that x1) (we) less the deceased alive an 13 Apr 1966, and that death accurred at 2400 M, from causes and an the date stated aba
	OR A)  DIRECT DIRECT OR A)  DIRECT OR A)  DIRECT OR A)	220. SIGNATURE  W. Holder  M.D. ATTENDING MED DIRECTOR STAFF DIRECTOR 13 Apr 66  220. PHYSICIAN'S  220. ATTENDING DIRECTOR PHYS. DIRECTOR
	O HOSPITAL Page 4 may O FUNERAL directar, pag shauld be fi	NAME (Type) I. W. HOLDER, CAPT, MC HQ Kimbrough Army Hospital FT Meade, M. 230. BURIAL (REMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (Stote)
	F F	REMOVAL (Specify)  Burial  24/16/66  Our Lady of the FieldsCath Com Fillers  ADDRESS  250, RECD BY REGISTRAR S SIGNATURE  1250, RECD BY REGISTRAR S SIGNATURE
	VR A15 (4) 1 20 M 1/66	HOPPING FUN ERAL HOME - ADDADONIS, Md. DARPR 18 1966 Scharles Judge.



1		KRYLAND STATE DEPARTMENT OF HEAL TH AND RECORDS, 301 W. PRESTON STREET,	
N/M	04742	CERTIFICATE OF DEATH	114742
funeral and 2 er death.	o. COUNTY  Anne Arundel	2. USUAL RESIDENCE (Whe d. STATE Maryland	re deceosed lived, if institution: Residence before admission)  and b. COUNTY Anne Arundel
hin 24 haurs after death filled in by the funeral papers. Pages 1 and thin 72 haurs after death	write RURAL and give negrest town) Annapolis	5 days Riva	e carparate limits, write RURAL and give nearest town)
nin 24 h filled in popers thin 72 h	d NAME OF HOSP TAL OR INSTITUTION (If not in hospita, give Anne Arundel General Hospit		Road e is residence on a farm?  YES NO XX
ecuted within completely for a very second	3 NAME OF First DECEASED (Type or print) William	Middle Lost 4.	DATE Marth Day Year OF DEATH April 11 19 66
sxecute d camp mave nny effe	S SEX 6 COLOR OR RACE 7 MARRIED X  Male White WIDOWED	NEVER MARRIED   8. DATE OF BIRTH  DIVORCED   Dec. 7, 1892	9. AGE (In years IF UNDER LYEAR IF UNDER 24 HRS.  last birthday) Months Days Hours M.n.  73 yrs
e death certificate be execut attending physicion and cam permit. Then please remave an, ar remaval, and in any e	during most of working it is, even if retired)  Mainten ance  Hosp	of BUSINESS OR TI. BIRTHPLACE (County & SM TRY Dital Cincir nati	COUNTRY?
certifico g physi fhen pl maval,	Nilliam Oster	14 MOTHER'S MAIDEN NAM ETITA Rod	
atending permit. I jon, ar rer	(Yes, no, ar unknown) (If yes give wor ar dates of service)	ial security no. 17. Informant 18-10-4914 irs. Arna A. Us	Address
that the ion. by the a transit pe	IR CAUSE OF DEATH (Enter only one couse per line for (a)		INTERVAL RETWEEN
equires physic signed burial- burial,	F 8110.00	ioscherosis, Gener	
21 4	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE CHECOMIC OHOLE CASTITI		ION GIVEN IN PART I(a)  19 WAS AUTOPSY PERFORMED?  YES NO XX
S PHYSICIAN: the haspital ar this cerrificate detached for u e Dept. af Heal	205. ACC DENT WAS UNDERLYING DOR CONTRIBUTING DOLCAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINED)	BE HOW INJURY OCCURRED. (Enter nature of injury in Part	or Port II of item 18.)
VG PHY  the here this est this detact	Hour o.m. 19 While at work		2Df. (City or town) (County) (State)
	saw the deceased alive an Apr. 11	19 <u>66</u> , and that death accurred at	M, from couses and on the date stated above.
D HOSPITAL OR ATTENI Page 4 may be retained D FUNERAL DIRECTOR: A director, page 3 shauld should be filed with the	Edward & Be	M.D ATTENDING ME PHYS DIR	226. DATE SIGNED  ECTOR PHYS. 4-12-66
O HOSPITAL Page 4 may O FUNERAL I director, pag should be fil	22c. PHYSICIAN'S NAME (Type) Edward S. Beck, M	.D. 71 Franklin	St., Annapolis, Md.
TO HOSPITAL Page 4 may TO FUNERAL I director, pag should be fil	REMOVAL (Specify) Burial	St. Stephens Cemetery	23d. LOCATION (City or Town) (County) (State) Fort Phomas Campbell Ky
VR A15 (4)	24. FUNERAL DIRECTOR BENEFITY & HOPPING FILLERAL HOPE	ADDRESS 250 RECD BY	REGISTRAR 256 REGISTRAR'S SIGNATURE 14 1966 Clearly Justice



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04743 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) the attending physician and completely filled in by the funeral sit permit. Then pleaseTremove carban papers. Pages I and nation, at remayal, årdstodby event, within 72 haurs after defi 1. PLACE OF DEATH o. COUNTY o. STATE **b.** COUNTY Anne Arundel Marvland Anne Arundel MARYLAND b CITY OR TOWN (If outside corparate limits write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Annapolis Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Anne Arundel General Hospital 86 Pleasant St.. YES NOW 3 NAME OF First Middle 4 DATE Lost Manth Year Day DECEASED NMN PARKER Apr&l 66 Randolph (Type or print) DEATH 19 S SEX 6 COLOR OR RACE B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours ánd.ig.dny Male Negro WIDOWED DIVORCED Ang. The 10a USUAL OCCUPATION (Give kind of work done 12. C TIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) COUNTRYS during most of working life, even if retired) **INDUSTRY** Maryland General Housework
13 FATHERS NAME 14 MOTHER'S MAIDEN NAME crematian, ar remaval, Kate Owens Ernest Parker IS WAS DECEASED EVER IN U.S. ARMED FORCES? Ma 16 SOCIAL SECURITY NO 17 INFORMANT Address signed by the attendir burial-transit permit. (Yes, na, ar unknown) (If yes give war ar dates of service) Mrs Kate Alsop 1962 West St Yes 214-05-2365 Annapolis 1B. CAUSE OF DEATH (Enter only one cause per line for (o), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO burial Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying couse Page 4 may lie retained by the haspital ar attending ITI FINITRAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY MEDICAL CERTIFICATION PERFORMED? NO T 20a ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (Stote) (City or town) (County) factory, street, affice bldg., etc.) Not While OR ATTENDING of work ot work , 19 66, ta Apr. 13 , 19 66 that (I) (vgc) last 21. 1 certify that (I) (this characted) attended the deceased from M, fram causes and on the date stated above 19 66, and that death accurred at saw the deceased alive an 22a, SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. DIRECTOR 146 M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) (500 A90 CHUTCH 121 Cathedral St., Annapolis, Md. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23a, BURIAL CREMATION REMOVAL (Specify)
Burial Md Brewer Hill Annapolis A.A. 4-16-1966 **ADDRESS** 2Sq REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Ocharles C.E. Hicks, 111 Annapolis, Maryland 1966



74 1	MARYLAND STATE DEPARTMENT OF HEALTH	
Maga a	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR CERTIFICATE OF DEATH	() 4744
ž Ž	1. PLACE OF DEATH  3. COUNTY  2. USUAL RESIDENCE (Where decessed lived, it institutes as STATE b. COUNTY	tution: Residence before edmission)
4 <u>V</u> <u>9 9 9</u>	b. CITY OR TOWN (if outside corporate limits, write RU write RURAL end give neerast town)  MARYLAND  C. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RU	RAL and give neerest town)
within filled i	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)  d. STREET ADDRESS  d. STREET ADDRESS	IS RESIDENCE ON A FARM?
cuted pletely apers 72 h	North Arundel Hospital New Cut Road Name OF DECEASED Middle Last OF Month	Dea AEZ WO
6 S E	(1yps or print)  William Byron Phelps Sr DEATH  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH  9. AGE (In years 18)	
ficate cian ove	Male White WIDOWED DIVORCED 25 June 1908 57 Vrs.	onths Days Hours Min.  12. CITIZEN OF WHAT COUNTRY?
	Guard National Plastics Baltimore, Mi.  13. FATHER'S NAME  National Plastics Baltimore, Mi.	. USA
	Willie E. Phelps Daisy Fairall  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address	
that the it. I	Yes, no, or unkown) (Ifyesgivewerordates of service) Yes WW 11 717-07-6852 Mrs. Isabelle C. Phelps, same	2 INTERVAL BETWEEN
requires the physician signed by the ansit permit	PART I. DEATH WAS CAUSED BY, [Windio - Vancalas Disease	ONSET AND DEATH
: The law requ r attending phy has been signe e burial-transit riale cremation.	Conditions, if any, which geve rise to immediate cause  (b) Any products  (b) Any products  (b) Any products  (c) Any products  (b) Any products  (c) Any products  (d) Any products  (e) Any products  (e) Any products  (f) Any pr	6-8m-
	(e), steting the underlying DUE TO Course lest.	10-154-
DING PHYSICIAN: ed by the hospital or After this certificate halached for use as the of Health prior to bur	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN THE PROPERTY OF ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH OR CONTRIBUTING   CAUSE OF DEATH OR CONTRIBUTING   CAUSE OF DEATH	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
₩ TO IN		
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Home, Jarm, 20f. (City or town) While at work at work at work	(County) (State)
P P P P P P P P P P P P P P P P P P P	21. I certify that (I) (this hospital) attended the deceased from	on the date stated above.
	220. SIGNATURE ATTENDING MED. STAFF	22b. DATE SIGNED 4/16/66
HOSPITAL ath. Page 4 PUNERAL ector, page filed with th	22c. PHYSICIAN'S NAME (Type) Charles Ball, M. D. Linthicum, Md.	The state of the s
TO HOSP death, Pa director, 1 be filed v	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of	
n (	Purial 18 April 66 Nichols Bethel Cometery Odenton, AA C	RAR'S SIGNATURE
VR A15 (4);	Kirkley Funeral Home, Glen Burnie, Md. 18 1966 1000	ala Oneca
20M 5-63	7	

4 6 . . . • •

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04745 CERTIFICATE OF DEATH O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate or executed within 24 hours ofter death. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) I PLACE OF DEATH ANNE ARUNDEL COUNTY Prince George MARYLAND MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 1b 5 days FT. GEO. G. MEADE LAUREL e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS filled 14 SHARON COURT KIMBROUGH ARMY HOSPITAL NO X YES SUSAN MARTE 4. DATE Month Year NAME OF Middle Lost DECEASED 12 19 66 APRIL PITOCCHELLI DEATH (Type or print) AGE (In years lost birthday) IF UNDER 1 YEAR IF JNDER 24 HRS B. DATE OF BIRTH S. SEX 6. COLOR OR RACE NEVER MARRIED 7. MARRIED Months 7 APRIL 1966 FEMALE CAU WIDOWED DIVORCED ond in any 12. CITIZEN OF WHAT 1Do .. SUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR eose during most of working life, even if retired) COUNTRY ANNE ARUNDEL, MARYLAND USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removol, ELAINE TERREAULT SABATINO PITOCCHELLI 17. INFORMANT Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) FATHER, SAME AS ITEM # 2 INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one couse per line for (o), (b) ond (c) PART I DEATH WAS CAUSED BY Memingomy IMMEDIATE CAUSE (o) signed by the burnal-tronsit SONSET AND DEATH Memingomvelocoele DUE TO Cond trans, if any, which gove rise to immediate couse (o), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 2Do. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg, etc.) Not While While of work at work 21. I certify that (3) (this haspital) attended the deceased fram 7 Apr , 1966, ta 12 Apr , 1966, that (1) (we) large saw the deceased alive an 12 Apr 1966, and that death accurred at 310AM, fram causes and an the date stated above 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR STAFF PHYS. ATTENDING 2 12 APRIL 1966 M.D. PHYS 22d ADDRESS PHYSICIAN'S KIMBROUGH ARMY HOSPITAL, FT MEADE, MI BURTON A JOHNSON, CAPT, MC NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 230. BJRIAL, CREMATION, 1966 INMACULATE CONCEPTION Cem., Lawrence, Mass.. PSWOYAL (Specify) April 13. 2Sb. REGISTRAR S SIGNATURE 25o, REC'D BY REGISTRAR **ADDRESS** 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DAEPR Harold S. Wade, 550 Wash. Blvd., Laurel. Maryland



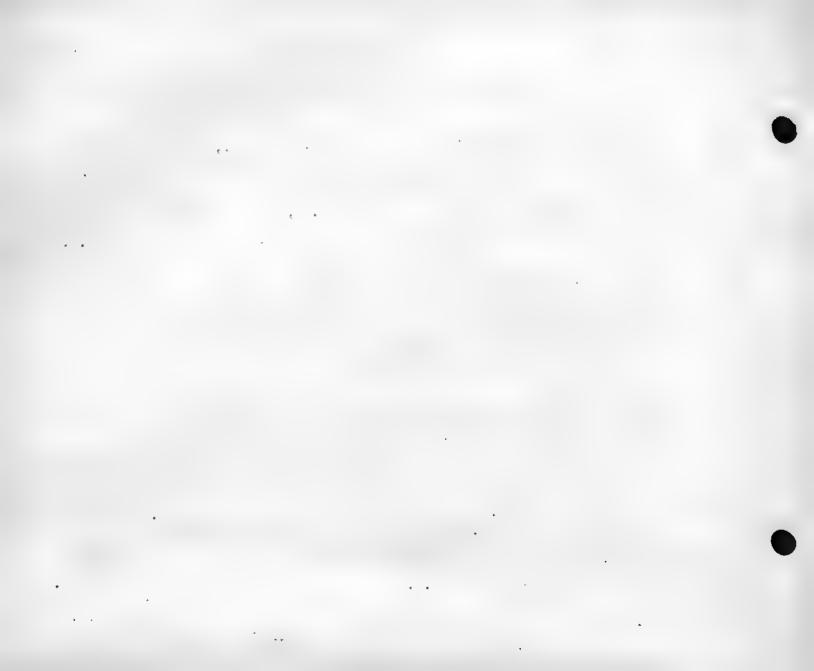
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04746 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours ofter death. 2. USUAL RESIDENCE (Where deceosed lived, if institut on Residence before admission PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Anne Arundel Anne Arundel Maryland MARYLAND b City OR TOWN (It outside corporate imits, write RURAL and give nearest town)
Annapolis c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) r LENGTH OF STAY IN 16 Davidsonville 2 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? Anne Arundel General Hospital Box-LLA YES NO 3 NAME OF Middle First Lost 4. DATE Month Doy Year DECEASED POSTON 19 66 Bell April Type or print) Ida DEATH 1 YFAR S SEX R DATE OF BIRTH 9. AGE (In years IF UNDER IE UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED ove lost hirthdoy) Dovs Hours Female White WIDOWED X July 17, 1886 DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 RIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Housewife COUNTRY? INDUSTRY\_ Washington, D.C. at home d by the ottending physic -tronsit permit. Then ple , cremotion, or removal, o 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Delia Haywood William R. Thomas 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) Betty.Tucker.Bx AAA.Davidsonville. M none no INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (c), (b), and (c)) signed by the burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUF TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse os the prior to TO FUNERAL DIRECTOR: After this certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? for 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work 21. I certify that (i) (1973-1964) attended the deceased fram 16 April 22, 1966, and that death accurred at \_\_\_\_, 19 6 to Apr. 22 \_\_\_, 19 66, that (1) (we) last Page 4 may be retained M. fram causes and an the date stated above. 22o SIGNATURE 22b. DATE SIGNED XXX DIRECTOR M.D. 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) Charles W. Kinzer, M.D. South RivMedCent., Edgewater, Md. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) Burial 4-26-66 Lincoln Cemetery Prince George. 24 FUNERAL DIRECTOR ee Funeral Home Washington, D.C.



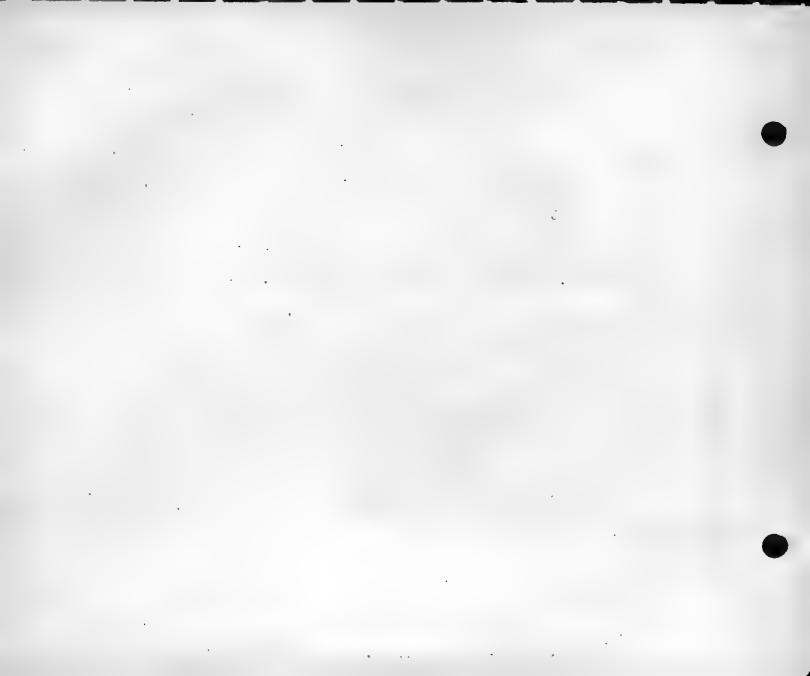
.16	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	4	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH
death. funeral and 2 r death		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
after the ges 1	-	b. CITY OR TOWN (If outside corporate limits,   c. LENGTH OF STAY IN 1b   C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
in by s. Pag		write RURAL and give nearest town)  Linthicum  2-7+5- Linthicum
Z2		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	1	200 S. Hammonds Ferry Road   200 S. Hammonds Ferry Road   YES   NO   NO   NO   NO   NO   NO   NO   N
w with the sark		3. NAME OF DECEASED Company of the state of
executed w		5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIEO   8. DATE OF BIRTH   9. AGE (In yours   FUNDER 1 YEAR   FUNDER 24 HRS. last birthday)   Months Days   Hours   Min
execu sand remov framov	-	WIDOWED N DIVORCED 1/2/8 88 yrs.
be street		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife  10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country)  11c. CITIZEN OF WHAT COUNTRY?  COUNTRY?  U.S.A.
icate physin m pie wal, a	-	13. FATHER'S NAME
certifica Iding ph Then remova	-	August Schmidt Finestine Gliewe  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address
re death certificate the attending physicity permit. Then piston in action, or removal, a	1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)  None  Mone  M
the it pe	2	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  INTERNAL BETWEEN ONSET AND DEATH ONSET AND DEATH
at the ian. d by crem		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  COLOR OF COLOR
requires that the ding physician. Peen signed by the burial-transit to burial, cremat		conditions, If any, which is DUE TO (15 AL) Wings & Oliver & 24000
ng n		gave rise to immediate (b)  Cause (a), stating the DUE TO
law re ittendi has b as th		underlying cause tast. (c)
l: The la al or at ficate h for use Health		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES IN OICE
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PHYSICIAN the hospit- this certi- detached f e Dept, of		
IS PHY by the ter thi e deta		20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, farm, land a.m., while Not While at work at work at work at work
N P P P P P P P P P P P P P P P P P P P		21. I certify that (I) (this hospital) at ended the deceased from 19 to 12 1, 19 21 that (I) (two) last
OR ATTENDI / be retained DIRECTOR: A ge 3 should led with the		saw the peceased alive on 4 19 feet, and that death occurred at 10 AM, from the causes and on the date stated above.
DR A Per	-	228. SIGNATURE DASS GOOD AND STAFF DIRECTOR DIRECTOR DIVERS DIRECTOR DIVERS DIRECTOR DIVERS DIRECTOR DIVERS DIRECTOR DIVERS DIRECTOR DIVERS DIVERS DIRECTOR DIVERS DIRECTOR DIVERS DIRECTOR DIVERS DIRECTOR DIVERS DIVERS DIRECTOR DIVERS DIVERS DIVERS DIRECTOR DIVERS DIVE
	/	22c. PHISIOTAN'S BALTIMORE NAT'L. PIKE & ST. JOHN'S LANE 22d. ADDRESS
O HOSPITAL Page 4 may O FUNERAL I director, pa	<u> </u>	ELLICOTT CITY, MD.
TO HOSPITAL Page 4 ma) TO FUNERAL director, pë should be fi		23a. BURIAL, CREMATION, 23b. DATE THEREOFELE: 183c. MAKE OF CEMETERY OR CREMATORY REMOVAL (Specify)  Abril 27, 1966  There of Commercial Removal (City, town or county)  Baltimore; Maryland:  Baltimore; Maryland:
- (	2	24. FUNERAL DIRECTOR  January 1 40 me 25%. REGISTRAR'S SIGNATURE
VR A15 (4) (4)		R.V. Dingleton, O Glen Burnie, Md DATEPR 26 1966 yoursen Judge



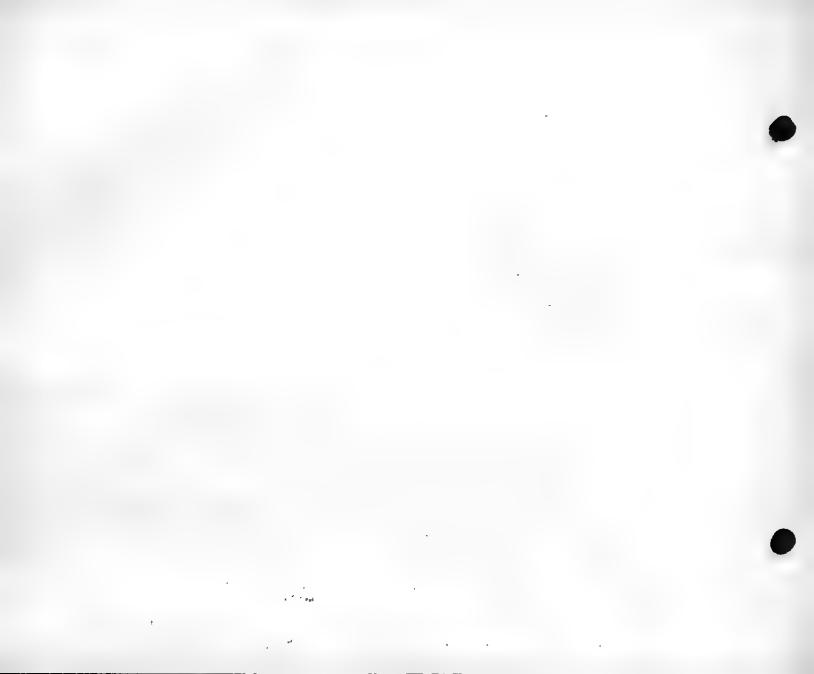
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04748 CERTIFICATE OF DEATH be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) and completely filled in by the funeral remove carbon papers Pages 1 and PLACE OF DEATH p. COUNTY o. STATE b. COUNTY Anne Arundel Anne Arundel Marvland Fase remove carbon papers Pages I and in any event, within 72 haurs after MARYLAND b CITY OR TOWN (If outside corporate aimits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Annapolis Annapolis d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? Anne Arundel General Hospital 532 Sixth St. YES T NO X 3 NAME OF Middle Lost DATE First Year DECEASED RAWLINGS April 66 (Type or print), DEATH 19 IF UNDER 24 HRS IF UNDER 1 YEAR S SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED Solost birthdoy) Months WIDOWED TT burial, crematian, ar remayal, and in any DIVORCED White Female 10o USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR -BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT MDUSTRY Maryland 13. FAJHER'S NAME 14. MOTHER'S MAIDEN NAME attending hys IS WAS DECEASED EVER IN U.S. ARMED FOR CESS 16. SOCIAL SECURITY NO INFORMAN requires that the death permit. (Yes, no, or unknown) [(If yes give wor or dates of service 18 CAUSE OF DEATH (Enter only one couse per line, for INTERVAL BETWEEN (o), (b) and (c) ) signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO as the l stoting the underlying couse Page 4 may be retained by the haspital ar attending IO FUNERAL DIRECTOR: After this certificate has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? MEDICAL CERT FICATION director, mage 3 shauld be detached far use shauld be filed with the State Dept. of Health NO T detached far 200 ACCIDENT WAS LINDERLYING 20b, DESCRIBE HOW INJUSY OCCURRED. (Enter noture of injury in Fort I or Port It of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year Hour om foctory, street, office bldg , etc.) at work Apr. 30, 19 has that (1) (492) last deceased fram 4/13/, 1 19.66, and that death accurred at 21. I certify that (I) (this hespital) attended the deceased fram 4 19/0 la to M, fram causes and an the date stated above. saw the deceased alive an Ann 10:40 AM 220 SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Southgate Ave., Annapolis, Md. Maurice Klawans, BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) (Stote) REC'D BY REGISTRAR
4 1966 **FUNERAL DIRECTOR** liances VR A15 (4) 20 M 1/66



1 , 1	Item 20b Film G377 6/ MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  1) 4740
WEALTH DEPT	
HENCIH DELIN	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 6. COUNTY  a. STATE b. COUNTY
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funera funera may b may b may b	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
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after 55	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  6. IS RESIDENCE ON A FARM?
delay nd 3 to Page State I hours a	Old Heigld Haiber Rd. Box 364 Old Herald Harbor Rd. YES NOTE
<u>a</u> a o ≥ c c c c c c c c c c c c c c c c c c	3. NAME DF First Middle Last 4. DATE Month Day Year DECEASED OF
any c 2, ar PM3. PM3. n 72	(Type or print) Frana Pauline Redding DEATH Apr. 20 19 66
this high	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
± 50 € 40 81 €	female white WIDOWED DIVORCED June 17.1962 3 yrs.
	1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) COUNTRY?
20 M	never worked Omaha, Nebraska USA  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
55 and 25	13. FATHER'S NAME
4 hours Item 14 Office al	ichael N. Reddingry Damico
0 0 0	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANY Address (Yes, no, or unknown) (If yes give war or dates of service)
within pencil in miner's permit.	no none inchael w. Hedding -same as #2 above
uted withly in pencil Examiner' in pencil in pencil in pencil in permit permit or remove.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH
Exa Exa	PART I. DEATH WAS CAUSED BY: Capelyen - Burns 3rd blue
d be executed "pending" in Medical Exal Exal burial-transit cremation, or	7/60 DUE TO
be e Send ledii irrial	Conditions, if any, which (b)
uld be d "pe ef Me a buri	couse (a), stating the DUE TO
should be executed word "pending" in Chief Medical Exar as a burial-transit rial, cremation, or	underlying cause last. (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
rtificate shouk ing the word to the Chief be used as a l ior to burial, c	PERFORMED?
This certificate, writing the revarded to the should be used ent, prior to bu	YES NO   2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.)
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R. This cer ate, writin forwarded 3 should b agent, prio	
R: T fory 3 sl	Hour Came   While   Not While   factory, street, office bidg., etc.)
Egg agg 4 /	
	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
shour files to Co.	death resulted from: Matural causes, Accident, Suicide, Homicide, Undetermined manner
4 2 3	CHIEF MEDICAL EXAMINER   ACTUAL  ACTUA
MED ecute Page or yo or its	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
ed f	EXAMINER'S Address (Street, city, town, or county)
DEPUTY W please exer director. P retained fou of Health of dealth of	23a. BURIAL, CREMATION, 23b. DATE THEREOF , 23c. NAME OF CEMETERY OR CREMATORY , 23d. LOCATION (City, town or county) (State)
of direction	Burial 4/22/66 Cedar Hill Cemetery Prince George Co. Md.
nl	24. FUNERA DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR ALSME (5)	HOP: ING FUNDAL HOLD - Innapolis, rid. APR 25 1966 Charles Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 04750HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a COUNTY o. STATE b. COUNTY and 3 ta M3. Page Anne Arundel ÷ Georgia after death. MARYLAND Department b (ITY OR TOWN (f outside corporate imits write RURA) and give nearest town)
Annapolis c LENGTH OF STAY IN 16 c CITY OR TOWN (if outside carparate in its write RURA, and give nearest town) Thomasville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, a ve street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? hours Anne Arundel General Hospital 405 Palm Drive ate Item 18. Give Pages YES NO X haurs after death NAME OF First Middie 4. DATE Last Month Year within 72 DECEASED ÛĒ FREDERICK OTTO REED April 30 66 (Type or post) 19 DEATH with S SEX 9 AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 8 DATE OF BIRTH IF JNDFR 24 HRS 7 MARR ED NEVER MARRIED lost b rthdoyl Months Dovs Male White MIDOWED DIVORCED February 15, 1945 event IDo USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 1) BIRTHPLACE (State or fore an country) 12 CITIZEN OF WHAT during most at an in retired) INDUSTRA RMY COLNINA Monticello. Florida AUD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WITHIN penci .⊆ Frederick O. Reed Sr. unknown File and 16. SOCIAL SECURITY NO. 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Address be executed (Yes, na yeurs nown) (fyes one war or dotes of service) 259-66-7827 ar remaya!. U.S.ARMY records 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY-ONSET AND DEATH Multiple Traumatic Injuries. MMEDIATE CAUSE (a) .. certificate shauld writing the word burial, crematian, DUE TO forwarded to the Conditions, if only, which gove nse to immediate cause (a), DUE TO stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS) MED CAL CERT FICATION PERFORMED? YES 🔼 NO please execute the certificate. designated agent, prior to 2Do EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of mury in Port a or Port II of item 18.) PRIMARY (St or CONTRIBUTING ) shauld Passenger in auto-auto collision. CAUSE OF DEATH. 2Dc T ME OF INITIRY Month, Doy, Year 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or town) (County) (Stote) YOUR Not While foctors, street, office bldg , etc.) FUNERAL DIRECTOR: Page 4/30 19 66 Annapolis Md. A.A. of work of work 21. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [ and in my opinion for Inquiry .... Accident X Suicide . death resulted fram: Natural causes Hamicide Undetermined manner may be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER rely SIGNATURE O DEPUTY 5 may be 1 TO FUNERAL Health or i 5/1/66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles S. Petty, M.D. Address (Street, city, fown, or county) NAME (Type) 230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REDVETTA LIV May 7, 1966 Laurel Cemetery Thomasville, Georgia 24 FUNERAL DIRECTOR Harold S. Wade, 550Wash.Blvd., Laurel, Maryland 25b REGISTRAR'S SIGNATURE 2Sa REC'D BY REG STRAR VR A15ME (5) 1956 6M 1/66



4 1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARVIAND
-(1)		0.1751 CERTIFICATE OF DEATH	04750
urs after the funera 2 should h.	1.	PLACE OF DEATH  a. COUNTY  NNE  RUIDE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, if institution: b. COUNTY  MARYLAND	Residence before edmission)
n 24 ho in by th	£	C. CITY OR TOWN (if outside corporate limits, write RURAL and write RURAL and give hearest town)  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)  d. STREET ADDRESS	d give nearest town)
del risk rag	_	NAME OF RIEDEL ROAD RIEDEL ROAD Month	ON A FARM? YES NO Day Year
execute complet n pape hin 72		DECEASED (Type or print) — JOSEDH RIEDEL OF DEATH	24 1966
te be		WIDOWED DIVORCED 3-9-188/ Rest-birthday) Months	Days Hours Min.
certificat physicien region	do	a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11 BIRTHPLACE (County & Siete, or foreign country)  12. CI  FATHER'S NAME	1.5.H.
death anding a n please		WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT	
that the n. the att iit. The emoval,	(Ye	es, no, or unknown) Illyes give war or deles of service)  18. CAUSE OF DEATH (Enter only one cause per line for (a). (b), end (c).)  18. CAUSE OF DEATH (Enter only one cause per line for (a). (b), end (c).)	INTERVAL BETWEEN
equires physicia ned by iit perm on, or r		PART I. DEATH WAS CAUSED BY, MMEDIATE CAUSE (0) CORDINARY TOTROM 30515	5 MINUTES
The law realth alternation of the la		Conditions, if any, which gave rise to immediate cause (a), staling the underlying cause lest.  DUE TO  (b) ARTERIOSCIERUTIC HERRET DISEASE  DUE TO  (c)	10 YES.
CIAN: pital or ficate h as the to bur	NOLL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	T (e) 19. WAS AUTOPSY PERFORMED? YES NO (4)
PHYSII the host this certi d for use	CERTIFICA	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part Lor Port II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
NDING Sined by R. After detache t. of He	MEDICAL	Hour a.m. While Not While factory, street, office bldg., etc.)	unly) (State)
ATTE be refaced to the control of th		21. I certify that (I) (this hospital) attended the deceased from July 1962 to 24 APK., 19 saw the deceased alive on 24 APK., 1965, and that death occurred al 7P M from the causes and on 1	
H 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		220. SCHAMBRE  STAFF  PHYS.   DIRECTOR   PHYS.	4-26 SIGNED 4-26-60
OSPIT. Page UNERA for, page led with		22d. ADDRESS NAME (Type)  22d. ADDRESS  FILA ADCLIS, MD.  22d. LOCATION (City, fown or country)  123d. LOCATION (City, fown or country)	ly) (State)
Of Garage	23	REMOVAL Specify 17-27-66 CEDAR HILL SUITLAND	MD-
VR A15 (4)	24	FOUNTERAL DIRECTOR'S SIGNATURE  SOLS ADDRESS  ADDRESS  ADDRESS  APR 27 1966 FCLOSE  AP	en Judge



10 10	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1 MARVIAND
T (M	O 1752 CERTIFICATE OF DEATH	04751
funeral should	1. PLACE OF DEATH  a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, if institution in the country of the co	ca. Residence before admission)
5y the and 2 death.	b. CITY OR TOWN (if outside corporate limits, write RURA)  write RURALand give nearest fowo)  MARYLAND  c. CITY OR TOWN (if outside corporate limits, write RURA)	L and give nearest lown)
in sages 1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  d. STREET ADDRESS  C. T.	IS RESIDENCE     ON A FARM?
etely pers. P	BAY MANOR NURSING HOME DECRASED A DATE Month OF	Day YES NO
exect compl on pag ithin 7	(Type or print) HARRY G. SEX   6. COLOR OR FACE 7 MARRIED TO NEVER MARRIED TO 18. DATE OF SIRTH   19. AGE (In yours   IF UNI	12 1966 DER 1 YEAR   IF UNDER 24 HRS.
ate be carb	WIDOWED DIVORCED 2-25-1882 84 YES MORE	hs Days Hours Min. CITIZEN OF WHAT COUNTRY?
shysicia applica	BANKING TELLER IANUAPOLIS MD.	U.S.A.
death iding p please	William H. Ryllman Matilda E. Goodwin	Y
et the Then tovels	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or detes of service)  CHRISTINE S. BULLIMAN	#2_
ires th sician. I by th permit. or ren	PART f. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE [6]  PART f. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE [6]  Ly Green Clientes  PROPERTY OF THE CAUSE [6]	INTERVAL BETWEEN OMSET AND DEATH
w required by signer ransit	DUE TO	
The lastendir is been burial-t	Conditions, If any, which gave rise to immediate cause (a), slating the underlying DUE TO	
IAN: tal or tal cate has the	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
hospi cartifi r use prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN  200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Port for Part II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN  URL THE	YES NO
Fig. 15. The state of the first feelth feelth		(County) (State)
Tained Aft. Aft. of 1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, While at work at work at work 19 at work	10 6/2 11 11 11 11 11
F SO SE	21. I certify that (I) (this hospital) affended the deceased from 1960, to 1960, to 1960, to 1960, saw the deceased alive on 1960, and that death occurred at 1960, from the causes and o	
744°=	220. SIGNATURE  CLY LIBRORIES THE PHYS. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. []	22b. DATE SIGNED
SPIT! Page NERA or, pag d with	122c/ PHYSICIANIS NAME Type Palacel I. Hochman, M. D. 59 Franklin For Anna pol	as Jud
desth.	230. BURIAL CREMATION 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 1230 LOCATION (City, John or CREMATION) 4-15-66 CEDAR BLUET HUNDROLLS	(Slate)
VR A15 (4)	24 FONERAL DIRECTORS SIGNATURES ADDRESS MA 250. REC'D BY REGISTRAR 25b. REGISTRAR	AR'S SIGNATURE
	A service of the serv	4 4



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04753 CERTIFICATE OF DEATH 114752 The law requires that the death certificate be executed within 24 haurs after death. signed by the attending physician and campletely filled in by the funeral burial-transit permit Then please removed arban papers Pages I and deg PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE Maryland **b** COUNTY Anne Arundel MARYLAND Prince George vithin 72 hours after b CITY OR TOWN (if autside corporate limits c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 RURAL and give negrest town)
Liersville, Md. Bowie d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Knollwood Nursing Home 3019 Savoy Lane NOT YES T arban NAME OF First Middle 4. DATE Lost Month Day Year DECEASED
(Type or print) Bessie Glover Rvan DEATH Aprid SEX AGE (In years lost berthday) 6 COLOR OR RACE IF UNDER 1 YEAR IF JNDER 24 HRS 7 MARRIED NEVER MARRIED B. DATE OF BIRTH Months Days Hours white WIDOWED DIVORCED female Sept. 5.1879 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY COUNTRY? never worked Baltimore vid.

14. MOTHER'S MAIDEN NAME USA 13. FATHER'S NAME remaya John Glover Marion Thurshy IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war ar dates af service) Mrs. Marion Maguire-daughter no none cremation. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) attending physician. DUE TO Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO te has been s use as the b alth prior ta b stating the underlying cause last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS' PERFORMED? YES NO Page 4 may be retained by the hospital or this certificate for 20o ACCIDENT WAS UNDERLYING [ 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) Hour a.m. While Nat While factory, street, office bldg., etc.) at work TO FUNERAL DIRECTOR: After at wark 21. I certify that (1) (this haspital) oftended the deceased fram Carry 1965, ta . 19 ...... that (I) (we) last shauld 5 19 66 and that death accurred at sow the deceased olive on \_M, from couses and on the date stated above. 22a SIGNATURE 22b. DATE SIGNED **ATTENDING** M M.D. DIRECTOR PHYS. director, page should be filed PHYS. 22c PHYSICIAN'S 22d. ADDRESS / NAME (Type) 23d. LOCATION (City or Town) BURIAL, CREMATION. 23b/DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Burial Woodlawn Cemetery 25b DEBISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR REC'D BY miles timelen VR A15 (4) 20 M 1/66 - Annabolis. FUNERAL HOME

MARYLAND STATE DEPARTMENT OF HEALTH

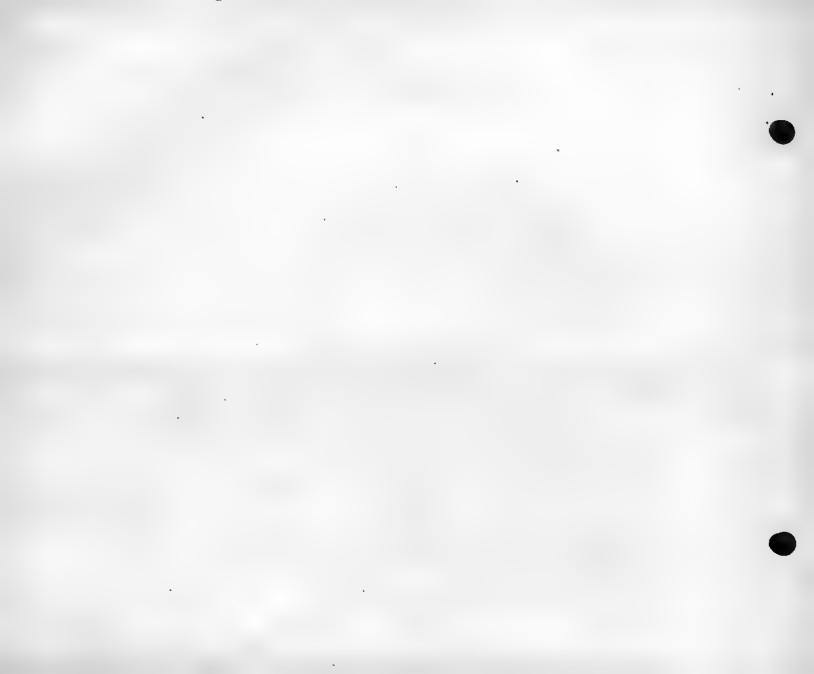


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04754 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 hours after death puo the attending physician and completely filled in by the funeral sit permit. Then please remark arbon papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY a. STATE b. COUNTY ARUNDEL MARYLAND Maryland Anne Arundel b CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN TH on papers. Pag within 72 hours h hrs. Annapolis 4 hr
d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) Ribiera Beach e IS RESIDENCE ON A FARM? d. STREET ADDRESS NO 🗶 225 Carroll Rd NAME OF First 4. DATE Month Year Day DECEASED MARIE SACEP ROSALIA 1966 (Type or print) DEATH even S SEX 9 AGE (In years lost birthdoy) IF UNDER 1 YEAR 6. COLOR OR RACE 8 DATE OF 81RTH IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED Months Dovs DIVORCED May 28, 1892 White Female 100 USUAL OCCUPATION (Give kind of work done 10b. K ND OF BUSINESS OR IT BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT and in during most of working life, even if retired) INDHSTRY **COUNTRY?** Housewife Johnstown Pa. U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John W. Gerber Kunigunda Stummer IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If wes give war or dates of service) John Gerber, 225 Carroll Rd., Riviera Beach No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (t).)
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH IMMEDIATE CAUSE (0) MASSINE CEREBRAL HEMOPLHAGE ONLYZERTENSIVE ARTERIOSCHEROTIC HEART DISTASE Conditions, if ony, which gove UNIKNOWN rise to immediate cause (o), stating the underlying cause Page 4 may be retained by the hospital or attending os the TO FUNERAL DIRECTOR: After this certificate has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? far use NO K YES 🔲 20a ACCIDENT WAS UNDERLYING TO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While of work of work 21. I certify that (I) (this hospital) attended the deceased from 1962, 19, to 1966, 19, that (I) (we) last saw the deceased alive on 1966, and that death occurred ay 1968, M, fram causes and on the date stated above. . 19 director, page 3 should should be filed with the 22a, SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS LANKFORD JR MD MOUNTAIN 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Ritchie Hgwy., A.A.Co., April 12,1966 Holy Cross Cemetery 24. FUNERAL DIRECTOR George J. Gonce - 4001 Ritchie Hgwy., Baltimore DATE 20 M 1/66

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may k		5. SEX Femal	<u>a</u>	Whi		7. MARRIEC WIDOWED	NEVER	MARRIED [	8. DATE	ch 10,	1919	9.	AGE (In lest birth	day) Mo	onths Day		DER 24 HRS.
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s certity ord "pour "pou		PAI	T II. OTHER	S GN FICAN	NT CONDIT	IONS CON	RIBUTING T	O DEATH BUT	NOT RELAT	TED TO THE T	ERMINAL	DISEASE	CONDITIO	n given ii	N PART 1(a		FORMED?
the we the we Medic should al, cres		PRIMAR	(TERNAL CAI Y X) or CON	USE WAS NTRIBUTING		b. DESCRIE	IN, WOH 38	URY OCCURED	(Enler nal	ura of injury	in Pert , or	r Part II of	rlem 18.)			- Kasan	
Ariting Chief age 3		J	ME OF INJUR		h, Dey, Yee	20d. li	Not Wh		ctory, stre-	et, offica bldg	e, ferm,	20f. (City			(County)		(Stata)
cate, to the OR: P		`   —	XXXX certify tha				et woo	ibed above,	HO held an		X. Ins	Hano pection		nquiry [	A · A ·	nd in my	Md.
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EPUTS se exectioned by UNERL s design	2	NAME	INER'S (Typa) CREMATION				tty,	M.D.	OD COFMA	Address (St	reat, city,	town, or c	county)	town, or o		/21/6 ~	6 itale)
0 2 4 5 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		REMOY Bur	AL (Specify)	Apr.	23,19		Lorr	aine Ma		eum	W	oodla	awn	Balt	o.Co.	Mary	
VS. A15ME 5M 7/59	24		Cook -E		,Inc.	1	ADDRE:	ss Paul	Stree		PR 2		66 24b.	TClia TClia	AR'S SIGN	Lecter	-
1/1	7 -																



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04756 requires that the deoth certificate be executed within 24 hours after death ond completely filled in by the funeral femane tarbon papers. Pages I and ond PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY Anne Arundel Maryland Anne Arundel MARY, AND b CITY OR TOWN (If autside corporate limits. c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 papers. Pagi hin 72 hours o write RURAL and give nearest town) Annapolis Rural-Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? Anne Arundel General Hospital 4. Box 115 YES 🔲 Rt. NO 3 NAME OF Middle 4. DATE Last Month Doy DECEASED (Type or print) SAKIE DEATH April Anthony ony even IF JNDER 1 YEAR AGE (In years I IF UNDER 24 HRS S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Days WIDOWED X OIVORCED April 2. 1894 Ma le White 10o, USUAL OCCURATION (Give kind of work done 105. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of work no irreven if retired pleose INDUSTRY COUNTRY? puo Maryland 13. FATHER'S NAME J4 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) 20 cremation. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the buriol-transit p ONSET AND DEATH PART 1 DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) OUE TO buriol Canditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause as the ottending O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN far use NO the haspital or 20g ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 0 detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) Nat While at work  $\square$ at work Page 4 may be retained by 19\_\_\_\_, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram should and that death occurred and 30 PM, from causes and an the date stated above. saw the deceased alive or 22b. DATE SIGNED SIGNATURE ATTENDING STAFF PHYS. M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIA NAME (Type) Stephen 121 Cathedral St.. Hiltabidle Annapolis. director, 23 NAME OF CEMETERY OR CREMATOR 23a BURIAL, CREMATION 23b DATE THEREO (State) REMOVAL (Specify) 2Sa REC'D BY REGISTRAR 6<sup>25b.</sup> **AODRESS** FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and r death 1. PLACE OF DEATH
a. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) rbon papers. Rages 1 a vithin 72 hours after c 24 hours after MARYLAND c. CITY OR TOWN Alf outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b write RUBAL and give nearest town d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION alfanot inchaspital, give street address) ON A FARM? NO' YES n and completely fremove carbon particular and exent, within executed within 3. NAME OF Middle Day DECEASED DEATH 1966 (Type or print) 2632EL AGE (In years | IFUNDER 1 YEAR) SEX 9, IF UNDER 24 HRS **NEVER MARRIED** last birthday) Months WIDOWED DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) i signed by the attending physician a burial-transit permit. Then please in minial, cremation, or removal, and in 10a, USUAL OCCUPATION (Give kind of work done The law requires that the death certificate be **COUNTRY?** during most of working life, even if retired) 26.5.4. Both Comes Bole-CRA 13 FATHER'S NAMI MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. **INFORMANT** Address (Yes, no. or unkown) (If yes nive war or dates of service) Killera C. INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or aftending physician, IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) been gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. TO HOSPITAL OR ATTENDING PHYSICIAN: The law is Page 4 may be retained by the hospital or attento FUNERAL DIRECTOR. After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? TLERC NO T YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) (State) MEDICAL (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (!) (this hospital) attended the deceased from //www.lez. 19 and that death occurred at 8 M, from the causes and on the date stated above. saw the deceased alive on it. 5 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. STAFF PHYS. MED. DIRECTOR ADDRESS PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) (State BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 25a. REC'D BY REGISTRAR Burial
24. FUNERAL DIRECTOR George J. Gonce - 4001 Ritchie Hgwy., Baltimore VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON, STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04758 filled in by the funeral in papers. Pages 1 and 2 within 72 haurs after death requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before gam ssign) a county Anne Arundel o. STATE Baltimore City on papers, Pages 1 within 72 haurs after MARYLAND b. CITY OR TDWN (if autside carparate limits, while RURAL and give nearest town)
CTOWNSVILLE C LENGTH DE STAY IN 16 c CITY DR TOWN (If autside carparate limits, write RJRAL and give nearest town) d, NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS Crownsville State Hospital YES NO 1 3 NAME OF First Middle 4. DATE Lost Month Day Year DECEASED (Type or print) 3-#01624 OF Scales Thomas 1966 DEATH S SEX 6 CDLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED B. DATE OF BIRTH Months Hours remov Negro 10/6/1895(approx. burial, crematian, ar removal, and in any WIDOWED DIVORCED Male and 10a USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) signed by the attending physician burial-transit permit. Then please INDUSTRY COUNTRY? Farm Hand 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, ng. ar unknown) (If yes give war or dates of service) Hospital Records CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN Hypertensive Cardio-Vascular Disease ONSET AND DEATH IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which gave rise ta immediate couse (a). DUE TO stating the underlying cause as the prior tak O FUNERAL DIRECTOR: After this certificate has been PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION NO 🔼 YES 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY DCCURRED 20e. PLACE DF INJURY (Hame, form, (City ar tawn) (County) (State) Haur a.m. factory, street, affice bldg, etc.) While at work O HOSPITAL OR ATTENDING . 19 22 to 4/11 1966, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram 4/14 director, page 3 secured should be filed with the S 19 66 and that death accurred a8: 30PM, fram causes and an the date stated above. saw the deceased alive an\_ 4/11 22b. DATE SIGNED 22a SIGNATURE MED. DIRECTOR ATTENDING STAFF PHYS X 4/14/66 M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S Beredict. NAME (Type) Crownsville State Hospital, Maryland 23b DATE THEREOF 234 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) Maryland Univ. of Maryland 4/15/66 Baltimore Removal 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250, REC'D BY REGISTRAR St.Annapolis, Md. 108 W. Wash. DATAPR



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04759 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if just but on Residence before admission) o COUNTY o STATE h (O.NTY ď MARY, AND b CITY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 16 c CTY OR TOWN ( Loutside corporate, mits write RURA, and give nearest town) 2, b. write RINAL and give neglest town d NAME OF MOSPITAL OR INSTITUTION (if not in hospito, give street address) d STREET ADDRESS 72 haurs ON A FARM? Sumpers- Note-Kond - MORIH. HRUNDEL ate No F be executed with n 24 haurs after death. Office along with 3 NAME OF Middle Year DECEASED 196 within (Type or print) DEATH S SEX 6 COLOR OR RACE MARRIFO NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF JINDER 24 HRS lost\_birthdoy) Months Doys Hours **G3WODIW** DIVORCED event TDo USUAL OCCUPATION (Give kind of work done 105 KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) U-S-A Baltimore, Maryland Bricklay EV ef Medical Examiner's 14 MOTHER'S MAIDEN NAM pup 15. WAS DECEASED EVER IN U.S/ARMED FORCES 17 INFORMANT 16 SOCIAL SECURITY NO Address removal. (Yes, no, or unknown) (If yes give wor or dotes of service) 217-05-9082 Mrs. Florence V. Sc 18 CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c) PART I DEATH WAS CAUSED BY: ь This certificate shauld burial, crematian, DUE TO farwarded to the Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse 19 WAS AUTOPS PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? NO 2 20o EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING 20b DESCRIBE HOW MOURY OCCURRED (Enter noture of nicry in Port Lipin Port III of Item 18.) agent, priar CAUSE OF DEATH. 2Dc. TIME OF INJURY Month, Day, Year 2Dd. NJURY OCCURRED 2De, PLACE OF INJURY (Home, form (City or fown) (County) (Stote) factory, street, office bldg., etc.) Not While 19 at work at work its designated 21. I certify that I took charge of the remains described above, held an Autopsy inspection | Inquiry 1 and in my opinion death resulted from Suicide the funeral director. Accident Homicide Undetermined manner causes CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER may be re FUNERAL I SIGNATURE 5 may be r TO FUNERAL Health or i TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type Address (Street, city, town, or county) 230 BUR AL, CREMAT ON, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) Haven Mem. Park Glen Burnie Abr. 1 27,1966 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25h REGISTRAR S SIGNATURE VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 hours after death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE and completely filled in by the emove carbon papers. Pages 1 any event, within 72 hours after Anne Arundel MARYI AND maryland Anne Arundel b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b filled in ! Annapolis, Md. Davidsonville 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Anne Arundel General Hosrital NO X YES executed within NAME OF Month Firet Middle Last 4. DATE Year DECEASED OF DEATH (Type or print) Veta Inella Sears 19 6. COLOR OR RACE | 7. MARRIED X NEVER MARRIED 5. SEX OATE OF BIRTH AGE (In years | IFUNCER 1 YEAR | FUNCER 24 HRS last birthday) Months | Qays | Hours | Min. remove white WIDDWED **GIVORCED** Oct. 13, 1922 female 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KINC OF BUSINESS OR INDUSTRY Ξ 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT þè COUNTRY? and hou sewi fe own home JSA Durango Col PHYSICIAN: The law requires that the death certificate the hospital or attending physician. removal. 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending ph ermit. Then Robert Melson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Ella Walker 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mer this certificate has been signed by the atten be detached for use as the burial-transit permit. State Dept. of Health prior to burial, cremation, or i (Yes, no, or unkown) (If yes give war or dates of service) 523-18-8246 Robert C. Sears same as #2 above no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] INTERVAL BETWEEN ONSET AND OEATH PART I. CEATH WAS CAUSED BY: gen, carcinomatosis IMMEDIATE CAUSE (a) **OUE TO** Conditions, If any, which Carcinoma of breast 3 mos. (b) gave rise to immediate DUE TO (a), stating the underlying cause last. CERTIFICATION PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? YES [ NO TXX 20a. ACCIOENT WAS UNDERLYING OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Oay, Year factory, street, office bldg., etc.) Hour a.m. After Id be d Not While ATTENDING at work at work J FUNERAL DIRECTOR: At director, page 3 should the should be filed with the Si be retained Aug. 19 46, to Apr. 11,19 66, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from\_ saw the deceased alive on Aar. 11 19 66, and that death occurred at 1 D M, from the causes and on the date stated above 22a. SIGNATURE 22b. OATE SIGNED ATTENOING PHYS. STAFF 4/12/66 M.O. DIRECTOR 4 may 22d. ADDRESS PHYSICIAN'S director, p NAME (Type) Amos Garrett Blvd., Annapolis, Md S. Borssuck, M.D. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME DE CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Buria Davidsonville REC'D BY REGIS 24. FUNERAL DIRECTOR VR A15 (4) Annapolis. 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04761 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. bages I and in hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel MARYLAND Maryland Anne Arundel b CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) write RURAL and give nearest town) Annapolis Annapolis d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS .⊑ completely filled Arundel General Hospital 191 Clay St. YES M NO XX NAME OF 4. DATE carbon Year Month Day 3 DECEASED April ST MMS 19 66 in ony event, Cora Winfred DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7 MARRIED NEVER MARRIED remove last birthdoy) Months Dovs Hours Female Negro July 7, 1897 WIDOWED IN DIVORCED 📆 puo 100 USUAL OCCUPATION (Give kind of work done) 10b K ND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State or fareign country) COUNTRY? during most of warking life, even if retired) INDUSTRY pue Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the ottending phy buriol-tronsit permit Then p burial, cremotian, or removal WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN (Yes, no, or unknown) (If yes give war or dates of service CAUSE OF DEATH (Enter only one cause per line for (o PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a). **DUE TO** stoting the underlying couse O FUNERAL DIRECTOR: After this certificate hos been last. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? NO T 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL (City or town) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (County) (State) Hour o.m. factory, street, office bldg., etc.) Not While ot work 21. I certify that (1) (Michigania) attended the deceased from M, from causes and on the date stated above. saw the deceased alive on. and that death occurred\_at 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR director, poge 3 should be filed v M.D. 22d. ADDRESS 22c. PHYSICIAN S Page 4 may NAME (Type) T. Allen, M.D. 62 Cathedral St., Annapolis, Md. 23c MAME OF CEMETERY OR CREMATORY (State) REGISTRAR S SIGNATURE 2Sq. REC'D BY REGISTRAR VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Maryland Anne Arundel Anne Amundel MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Life Annapolis Annapolis Ξ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 28 W. Washington Street 28 W. Washington Street ve carbon prevent, within within completely NAME OF Middle Last Month Day DECEASED FRANK ALEXANDER SIMPSON April 19 (Type or print) DEATH 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. remove 7. MARRIED X X NEVER MARRIED Male Negro WIDOWED [ DIVORCED Dec. 22-1875 10a. USUAL OCCUPATION (Give kind of work done) .⊆ 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? **366666** Annapolis, Md. U.S.A. Chef - retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending oh remova Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the atten the burial-transit permit. It to burial, cremation, or Annie S. Henry-28 W. Washington-Anna. Md. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **OR ATTENDING PHYSICIAN:** The law requires that til be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to Immediate DUE TO cause (a), stating the as the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate his hed for use a t. of Health p PERFORMED? YES 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) etached f Dept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. After Id be d While at work Not While at work 21. I certify that (I) (this hospital), attended the deceased from should th the 19. that (I) (we) last DIRECTOR: age 3 should led with the and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED page ATTENDING PHYS. DIRECTOR HOSPITAL 22d. ADDRESS PHYSICIAN'S director, p should be NAME (Type) A.T.Allen Cathedral St. Annapolis. Md. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 22-66 Brewer Hill Annapolis, Md. Apr. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR

Annapolis, Md.

C.E.Hicks 111

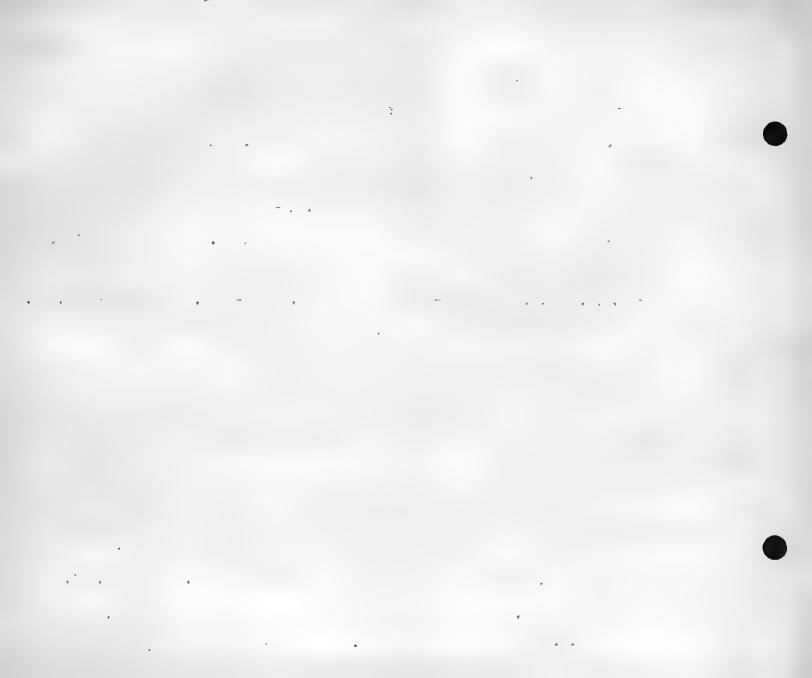
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(State)



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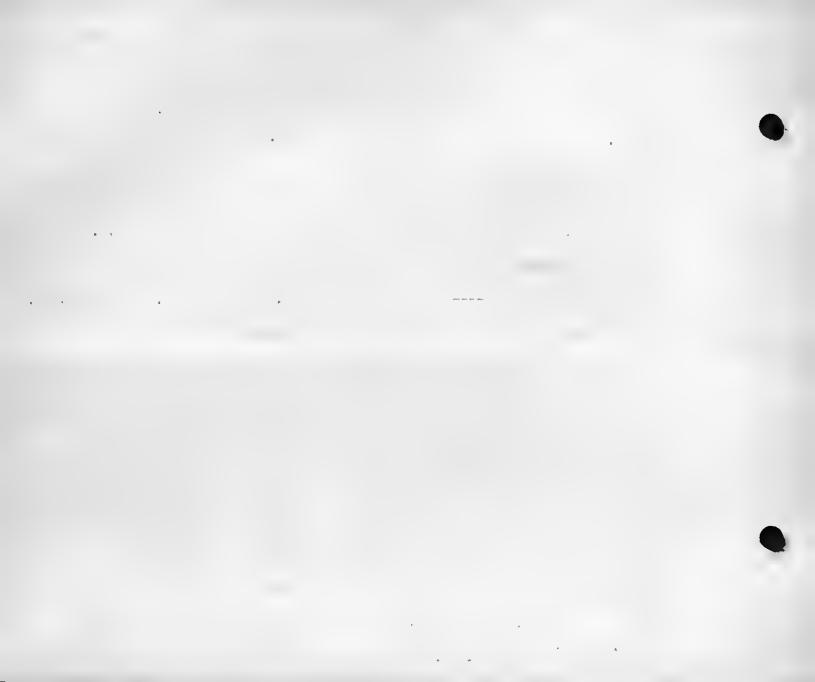
## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

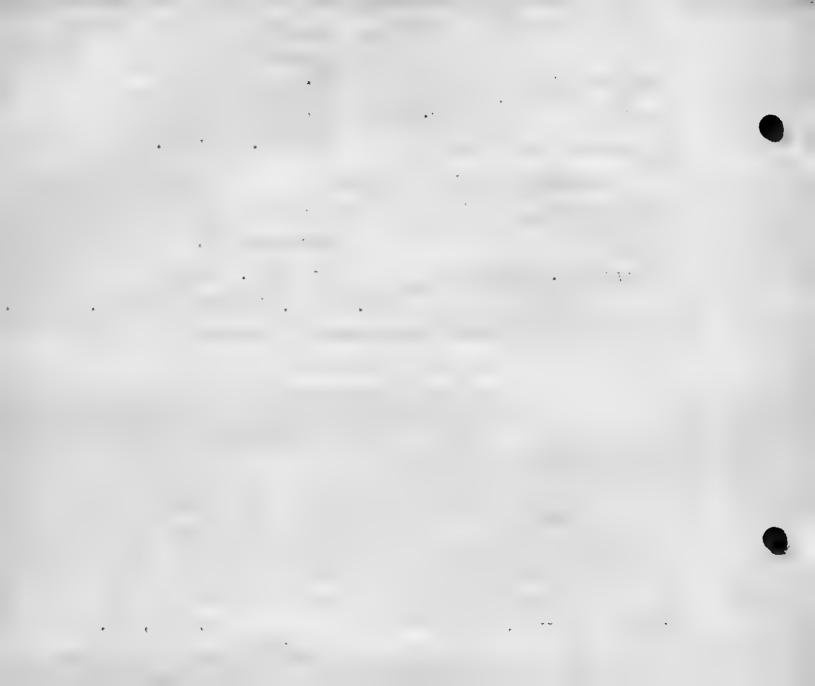
04762

ř	1 PLACE OF DEATH 0. COUNTY		2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before of	dmission)						
	Anne Arundel	MARYLAND	o. STATE Maryland b. COUNTY Anne Arun	del						
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares	t tawn)						
	Glen Burnie	18 years	Glen Burnie	1						
	d NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION		d. STREET ADDRESS e. I	S RESIDENCE ON A FARM?						
,	600 S. Crain Highway			ES NO						
	3. NAME OF PIEST	Middle (	Lost 4. DATE Month Day	Yeor						
	(Type or print)	DORA Z	NYDER DEATH April 8	1966						
	S. SEX 6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (in years IF UNDER 1 YEAR IF	UNDER 24 HRS lours Min						
	Female White WIDOW	1,22	May 21, 1892 73 yrs.							
ı	10a USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	. KIND OF BUSINESS OR INDUS		HAT COUNTRY						
	Housewife		Baltimore, Maryland U.S.							
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME							
	Clement Lehnert		Maria Lindeman							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no, or unknown) [ [if yes, give war or dates of service]	SOCIAL SECURITY NO 17, 1	NFORMANT Address							
	No	Go:	rdon Snyder. 819 Lynyue Rd., Linthicu	m. Md.						
	1B. CAUSE OF DEATH [Enter only one cause per l		. I∄NTERV	AL BETWEEN						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	IVO EQRDI		AND DEATH						
	U 2 0 1 DUE TO	1								
	Conditions, if any, which ) (b)	conditions, it any, which) as HOTERIOSCIEGTIC CARDIOVASCULER DISCOSE & 4RS								
	gave rise to immediate DUE TO			-						
	lying couse last. (c)	vinappit)								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AJTOPSY PERFORMED?									
	PART II. OTHER SIGNIFICANT CONDITIONS  200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  OR CONTRIBUTING  ACCIDENT WAS UNDERLYING  III EITHER, NOTIFY MEDICAL EXAMINER)	das, -4		ES NO						
	206 ACCIDENT WAS UNDERLYING 206. DES	SCRIBE HOW JULIURY OCCURRE	D. (Enter noture of injury in Port 1 or Part II of item 18.)							
		in.	ACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) clary, street, affice bidg., etc.)	(State						
	Hour o m 19 of wo	C I AOI AMINTS								
	21. I certify that (I) (this haspital) at/en	ded the deceased from	19 ta 4/2, 1964, that	(I) (we) tas						
	saw the deceased alive an 4/2	1/	death accurred at O.M., from the causes and on the date si							
	220 SIGNATURE	1 0		225 DATE SIGNED						
	SIW Such	san	M.D PHYS DIRECTOR PHYS	SIGNEL						
	22c. PHYSICUAN'S NAME (Type) A IA PD I	2114 20	22d ADDRESS 7/6 DELACE TO	6						
	1.W. 1 RI	CHARD	year Surve, on	- &K						
	23d BUR AL, CREMAT ON, 23b DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY O	OR CREMATORY 23d LOCATION (City, town or county)	(Stote)						
)	Burial April 12,1960	6 Loudon Park	Cemetery Baltimore, Maryland							
	24 FUNERAL DIRECTOR'S SIGNATURE	tchie Highway	250 RECID BY REGISTRAR 256, REGISTRAR'S S. GNATURE	4						
	George J. Gonce, 4001 Ki		APR 1 1 1966 Jacobles Jus	ye.						

VR A1S (4) 1SM 9/S9



PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY **b.** COUNTY INNE MARYLAND b. CITY OR TOWN (if outside corporate fimits. c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) ANNAPOLTS
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Mo. BALTIMORE A STREET ADDRESS IS RESIDENCE ON A FARM? YES NO. URSING 3. NAME OF Middle DATE DECEASED (Type or print) DEATH 1966 ZOLLER APRIL IZABETH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER I YEAR) DATE OF BIRTH IF UNDER 24 HRS st\_birthday) Months Hours WIDOWED IX DIVORCED USUAL OCCUPATION (G va kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore on country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired HOME ALTIMORE. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MCLANE LIZZIE 16. SOCIAL SECURITY NO 1 17. INFORMANT (Yes, no. or unkown) | (Ifyas give war or dates of service) 2015 ST. PAUL MRS JEAN 18. CAUSE OF DEATH lenter only one cause par line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise lo immadiate causa **DUE TO** (a), slating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of tem 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. ,City or town) 20c. TIME OF INJURY Month, Day, Year (State) (County) factory, street, office bldg , etc.) While Not White Hour a.m. al work at work 21. I certify that (I) (this hospital) attended the deceased from. .. M, from the causes and on the date stated above. saw the deceased alive on .....19. 4.62, and that death occurred at 22b. DATE 22a. SIGNATURE ATTENDING MED. SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typ€) 23d. LOCATION (City, fown opcounty) 23a. BURIAL, CREMATION. CREMATORY [State] REMOVAL (Specify) .1966 WOODLAWN 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4)



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, N	LARYLAND
. ==	CERTIFICATE OF DEATH	04764
urs after le funera 2 should 1.	1. PLACE OF DEATH  e. COUNTY  ARYLAND  2. USUAL RESIDENCE (Where deceased lived, H Institution, Re e. STATE MARY LAND b. COUNTY  AND  ARRANA	sidence before edmission)
24 ho rin by th is 1 and fler death	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)  ANDAPOLIS  c. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL and AND APOLIS	* · · · ·
ely here a hours a	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  ANNIE POLIS NURSING HOME  3. NAME OF  Middle  Lest  4. DATE  Month	e. IS RESIDENCE ON A FARM? YES NO D
complet complet on pape ithin 72	DECEASED (Type or print)  PAUL  STINCHCOMB  DEATH  APR  20  5 SEX  6. COLOR OR RACE   2. MARRIED   B DATE OF BIRTH  9. AGE (In years   IF UNDER 1)	1966
icate be	M WIDOWED DIVORCED APR 24 1891 Just Months D	Hours Min.
of physical in any	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. MOTHER'S MAIDEN NAME  16. MOTHER'S MAIDEN NAME  17. MOTHER'S MAIDEN NAME  17. MOTHER'S MAIDEN NAME	U.S.H.
attendir Then ple vval. and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no. or unknown) Illy es give were or deless of services)	+2
uires thal ysician. od by the permit.	18. CAUSE OF DEATH [Enter only one cause parties for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  WITH COMMENT CAUSE (b)	INTERVAL BETWEEN
law red ding phy en signe el-transit	Conditions, if any, which payer rise to immediate cause (b) Arthur archerite (CVI)	-
KN: The lor attention the bas but the burial, c	(a), stating the underlying DUETO (c)	(a) 19. WAS AUTOPSY
HYSICIA hospital certifica r use as prior to	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART  206. ACCIDENT WAS UNDERLYING   70b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH  UR EITHER, NOTIFY MEDICAL EXAMINED  OR CONTRIBUTION   CAUSE OF DEATH  OR CONTRIBUTION   CAUSE OF D	YES NO P
ING PI d by the Affer this ached for f Health	UIF EITHER, NOTIFY MEDICAL EXAMINED  20c. TIME OF INJURY Month, Day, Year 20d. TINJURY OCCURED 20a. PLACE OF INJURY (Home, farm, 20f. (City or fown)  While Not While at work at work at work at work at work	(State)
ATTEND Freding CTOR: V	21. I certify that (I) (this hospital) attended the deceased from Dec., 1957, to 4, 1957, 1957	that (I) (we) last
L Dhar 3 shouths State	saw the deceased alive on	22b. DATE SIGNED
OSPITA h. Page UNERA tor, page to with	22c. PHYSICIAN'S NAME (Type) + M. SHIPLE 22d. ADDRESS	Try (State)
H Se Si	23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  EMOVAL (Specify) 4-28-1966 ST. MARY 9 EM 23d LOCATION (City, town or county  BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  23d LOCATION (City, town or county)  APOLIS  24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S S	MO.
VR AIS (4)(7)	JOHN M. TAYLOR SON ANNAPOLIS MAY 2 1956 Jelianles	Judge

MARYLAND STATE DEPARTMENT OF HEALTH

the second transfer with the second

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	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
£ = d4M.	04766 CERTIFICATE OF DEATH 04765
ar dea	1. PLACE OF DEATH a. COUNTY Anne Arundel  2. USUAL RESIDENCE (Where degrased lived, If institution: Residence before admission) o. STATE Haryland b. COUNTY Queen Anne
24 hours after death filled in by the funeral papers. Pages 1 and in 72 hours after death	b. CITY OR TOWN (if outside corporate limits, Rurite RURAL and give nearest town)  Rurite RURAL and give nearest town)  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  (entreville
24 hou lilled in appers.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. 15 RESIDENCE O(A FARM?
	3. NAME OF First Middle Last 4. DATE Month Day Year
d with	DECEASED (Type or print) Anna Gentrude layton DF April 77 1966
executed within n and completely in remove carbon pin any event with	5. SEX Female   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. ACE (In years   FUNDER 14EAR   FUNDER 14
be existen a sician a sase rease rea	10a. USUAL OCCUPATION (Cive kind of work done industry)   11a. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY)   12. CITIZEN OF WHAT COUNTRY)   13. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY)   13. BIRTHPLACE (County & State, or foreign country)   14. BIRTHPLACE (County & State, or foreign country)   15. CITIZEN OF WHAT COUNTRY)   16. CITIZEN OF WHAT COUNTRY)   17. BIRTHPLACE (County & State, or foreign country)   18. BIRTHPLACE (Country & St
tificate ng phys hen pl moval,	13. FATHER'S NAME Peter Foster Hignutt  14. MOTHER'S MAIDEN NAME Martha Jane Neal
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and a should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) Anna Taylor, Centreville, Maryland
the t pe	[ 18. CAUSE OF DEATH [Enter only one cause per (ine for (a), (b), and (c), ]
t the	PART I. DEATH WAS CAUSED BY: Occute mystardial infarction ONSET AND DEATH
tha /sicia gned ial-tr	DUE TO
s phy	gave rise to immediate (b) Circles Hollington
red nding bee	cause (a), stating the DUE TO underlying cause last.
O HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transshould be filed with the State Dept. of Health prior to burial, createned to the state Dept.	
Spital sertifice ed for . of He	PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC the bo this o detach e Dept.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
ING by State	
inec	21. I certify that (I) (this hospital) attended the deceased from
ATT reta ECTO 3 sh with	saw the deceased alive on 19 and that death occurred at 1200M, from the causes and on the date stated above.  22a. SICNATORE 22b. DATE SICNED
AL OR TAY be NI DIR page	Say In Amillo M.D. ATTENDING MED. STAFF DIVISION HT.17-66
PITAI T ma FRAL or, p	22c. PHYSICIAN'S NAME (Type) PAY M SM. + H M.D 22d. ADDRESS
O HOSPITA Page 4 ma D FUNERAL director, p	238. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, 104m, or couply) (State)  REMOVED STATE THEREOF (PROPERTY OF CREMATORY)  April 20 (resterfield)
F F	24. FUNERAL DIRECTOR ADDRESS   25a. REC'D BY REGISTRAR'S SICNATURE
VR AIS (4)	Edgar S. Jane Church Hill, Maryland APR 25. 1986 Mcharles Judge
2011. 1/05	

AND CTATE DEBARTMENT DE UEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04767 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. impletely filled in by the funeral ecorban papers. Pages I and event, within 72 haurs after death PLACE OF DEATH
o. COUNTY Anne Arundel 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admiss on) a. STATE b. COUNTY MARYLAND C. LENGTH DE STAY IN 16 b CITY OR TOWN (If outside corporate limits, c CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 40 vrs Washington, D. C. Laurel d NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE DN A FARM? 1111 - 5th St., S. E YES NO X Children's Center Hospital 3. NAME OF 4. DATE Manth First Taylor Day Year George Earl DECEASED April 27. 19 66 (Type or print) DEATH IF UNDER I YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 8. DATE OF BIRTH AGE (In veers 7. MARRIED NEVER MARRIED 65 birthday) Manths Dovs Hours 12-7-00 White Male WIDDWED DIVDRCED 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT physician di during most of working life, even if retired)
Institutionalized COUNTRY? INDUSTRY Washington, D. C. d by the attending physici -transit permit. Then ple , crematian, ar remaval, a 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Ellen Padgett Robert T. Taylor IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, ar unknown) (If yes give war ar dates of service) Children's Center Hospital, Lamigl, Md. No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) signed by the burial-transit purial, cremati 30N 2 13AN B BEATH PART I. DEATH WAS CAUSED BY Carcinoma of the prostate with metastasis IMMEDIATE CAUSE (a) Throid goiter DUE TD to death Conditions, if any, which gove (b) rise to immediate cause (a), DUE TO Mental retardation stating the underlying cause as the priar ta TO FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION Health g use NO YES by the haspital ar Į. 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH letached f Dept. af l (IF EITHER, NOTIFY MEDICAL EXAMINER 20d, INJURY OCCURRED 20e, PLACE DF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year factory, street, affice bldg, etc.) Not While at wark þe 21. I certify that (I) (this haspital) attended the deceased fram February 18, 19 saw the deceased glive an April 27 19 66, and that death accurred at ta April 27, 1966, that (i) (we) last Mr, from causes and an the date stated above. **70 HOSPITAL OR ATTEND**Page 4 may be retained 226. DATE SIGNED April 28, 1966 22a. SIGNATURE **ATTENDING** MED. DIRECTOR STAFF PHYS. director, page 3 shauld be filed v cononus M.D. PHYS GEORGE T. ECONOMOS, M. Children's Center, Laurel, Md. PHYSICIAN" NAME (Type) 23d. LOCATION (City or Town) C (State) NAME OF CEMETERY OR CREMAJORY 23a. BURIAL CREMATION 23b DATE THEREOF REMOVAL (Specify) 25b REGISTRAR'S SIGNATURE 25g REC'D BY REGISTRAR 24. EUNERAL DIRECTOR Ocharles VR A15 (4) 1966



1 16	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
# 80°#	04768 CERTIFICATE OF DEATH	
24 hours after death. filled in by the funeral apers. Pages, and 3 apers. 72 hours after death.	1. PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admiss	sion)
ages the	Anne Avandel Maryland B. STATE / Zrylan C. COUNTY Home Hran	del
irs aft by th Pages urs af	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Write RURAL and give nearest town)  Abt Herip I frequency for the Severn Crouns Ville.	own)
24 hour filled in 72 hour	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDE  DN A FAR	NCE
	11 NOW !!VYDOO ! TENOUTHUSING HOME   LO VV TEUVIEW BUILD   YES NO	
ted within 24 hours completely filled in by ve carbon papers. Pagevent, within 72 hours	3. NAME DF DECEASED OF First Middle Last 4. DATE Month Deay Year DF	/2
uted w compl	5. SEX   6. COLOR OF RACE   MARRIED   NEVER MARRIED   8. DATE OF BIRTH   D. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24	HRS.
and	DIVORCED 10/17/1912 5 yrs.	Vin.
e be exer Sician and lease from	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?  COUNTRY?  USA	
cate be physici; physici; pleas all, and	13. FATHER'S NAME U.S. (FOUC-NAME ONIO USA	
eath certificate attending physic ermit. Then plea on, or removal, an	John Teufel Elizabeth Shuey	
thend ttend it.	15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 33 Waterview Dr.	
dea he a peri tion,	none Archie-Davis Arden on the Severn Crownswil 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	<del>-</del>
The law requires that the death certificate be executed within or attending physician. Cate has been signed by the attending physician and completely ruse as the burial-transit permit. Then please transfer carbon is alth prior to burial, cremation, or removal, and a general, with	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Generalized Care inomitos:  PART I. DEATH WAS CAUSED BY:  ONSET AND DEA	TH
i law requires that tatending physician, has been signed been as the burial-trans to purial trans.	Conditions, If any, which ) DUE TO Adeno ( 2 - cinom > of Endomotriums 1/20	
require	gave rise to immediate cause (a), stating the DUE TD	201
w re tendir as bi as th	underlying cause last. (c)	
CIAN: The law ospital or atten certificate has led for use as to death price.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOI PERFORMELY YES NO NO NOTIFY MAS UNDERLYING DEATH OF DR. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D?
IN: T ital of tiffica for f Hea	YES ND  20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	Ø
PHYSICIAN: The the hospital or this certificate detached for us e Dept. of Healt		
	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bidg., etc.)    Hour a.m.	e)
00,40%	21. I certify that (I) (this hospital) attended the deceased from 7-9, 1964 to 14-26, 1966, that (I) (we)	last
ATTENDING retained by ECTOR: After 3 should be with the State	saw the deceased alive on 1966, and that death occurred at 35 M, from the causes and on the date stated ab	
OR A DIREC Be 3 ed w	22a. SIGNAFURE  LOCALITY  LOCALITY  MED. STAFF 22b, DATE SIGNED DIRECTOR PHYS. 7 - 26-60	5
TAL may	22c. PHYSICIAN'S NAME (Type)	_
TO HOSPITAL OR ATTENIPED Page 4 may be retained TO FUNERAL DIRECTOR. director, page 3 should be filed with the	THEX EN CO. H. Massell Molly p soom Have well live he	/=
Pa P	236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of Jounty) (State)  Burial Apr. 29.1966 Ourlady of the Fields	1
0	24. FUNERAL DIRECTOR - ADDRESS   25a. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE	
VR A15 (4)	HOPPING FUNERIL HOLE Jungolis, Md. DATAPR 29 1966 Junge	

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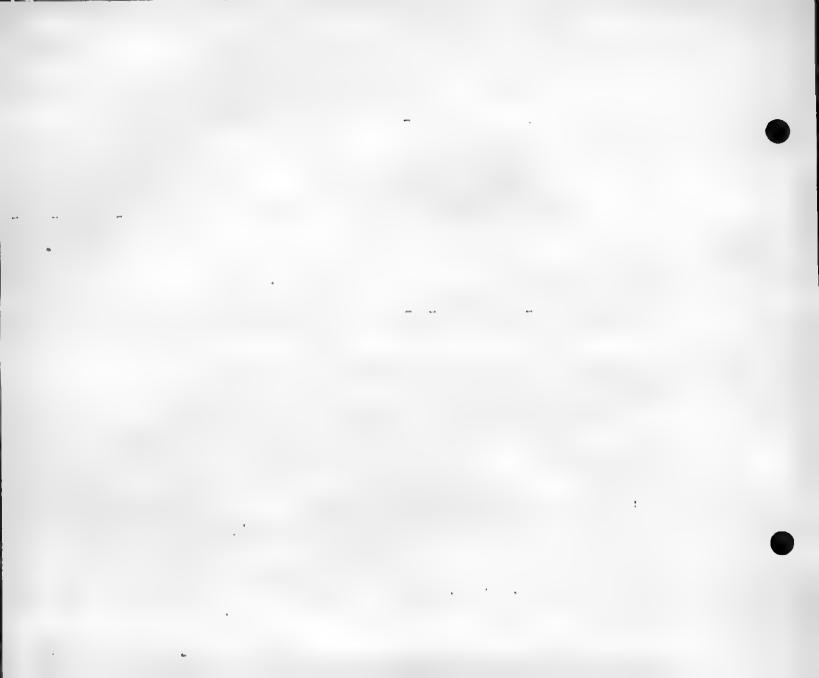


1 1 4	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	04769 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT	1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
\$70 E	V HNNE HRUNDEL MARYLAND VIARYLAND HANNEHRUNDEL
ssar uner ay b tmer deatj	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)  A RUALA POLIS
S m 5 m	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE
delay cessary, and 3 to the funeral 3. Page 5 may be State Department phours after death.	98 SHIPWRIGHT ST. 198 SHIPWRIGHT ST. YES NOTO
deta mind 3	3. NAME OF First Middle T Last 4. DATE Month Day Year DECEASED (Type or print) ELIZABETH MEADE THOMAS DEATH APRIL 16 1966
any 2, ar PM3.	
EXAMER: This metitions should be executed within 24 hours after death. If any delate certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Ur files.  EDIOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the St. designated agent, prior to burial, cremation, or removal, and in any event within 22 hb	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   IF UNDER 1 YEAR   I
er death ive Page with fi with fi and 2	10a. USUAL OCCUPATION (Give kind of work done 10b. KiND OF BUSINESS OR guring most of working life, even if retlet)  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Give Give I an	LNDEX SUP. LIB. OF CONGRESS U.S. GOUM! WASH. DC COUNTRY?
n 18. Gi	13. FATHER'S NAME
24 hou Office Office part in and in	WILLIAM H. MEADE EUELINA MAYES
22 in 124	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, po, or unknown) (If yes give war or dates of service)
within 24 pencil in miner's 01 permit. Fremoval, 8	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c),1
ted y tin p cam cam or re	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8)
recurrent frams	4500 DUE TO V
be end bend ledic	Conditions, if any, which gave rise to immediate (b)
d " cre	ceuse (e), stating the DUE TO
the word "pending" in the word "pending" in the Chief Medical Exa used as a burial-transit to burial, cremation, or	
the the to be	YES NO
R: Thistl ate, writing forwarded to 3 should be agent, prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPS? PERFORMED? YES NO  20a. EXTERNAL CAUSE WAS PRIMARY To r CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Itam 18.) CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year Hour a.m. P.m.  19 at work Not While of work  While of work  19 at work of work  PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPS? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPS? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPS? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPS? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPS? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11 or Par
wriis wriif	CAUSE OF DEATH.  CAUSE OF DEATH.  CAUSE OF INJURY Month, Day, Year   20d, INJURY OCCURRED   20e, PLACE OF INJURY (Home, farm,   20f, (City or town) (County) (State)
A ster age	Hour a.m. While Not While factory, street, office bldg., etc.)
A be	p.m. 19   lat work   et work
EXAMILE CERTIFICATION of Should be ur files.  ECTOR: Page of designated of the certification	death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner
ute the ge 4 s your f	CHIEF MEDICAL EXAMINER   ACTUAL  ACTUAL  22. DATE SIGNED
execute Page I for you RAL DIRE	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
UTY or. or. ERAl	EXAMINER'S RAME (Type) F. L. W. D.P
O DEPUTY MED. EXU please execute the c director. Page 4 shou retained for your files O FUNERAL DIRECTOR: of Health or its design	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
52255	CHEMATION HAM TO TIGHTON I FINCULII CREM, INT. GEO. CO. MID.
VR ALSME (5)	24. FUNERAL DIRECTOR ADDRESS ADDRESS 1252 REC'D BY REGISTRAR'S SIGNATURE 1252 REC'D BY REGISTRAR'S SIGNAR'S REC'D BY REGISTRAR'S SIGNAR'S REC'D BY REGISTRAR'S REC'D BY REGISTRAR'S SIGNAR'S REC'D BY REGISTRAR'S REC'D BY REGISTRAR'S REC'D BY REGISTRAR'S REC'D BY REC'D BY REGISTRAR'S REC'D BY REGISTRAR'S REC'D BY REGISTRAR'S REC'D BY REC
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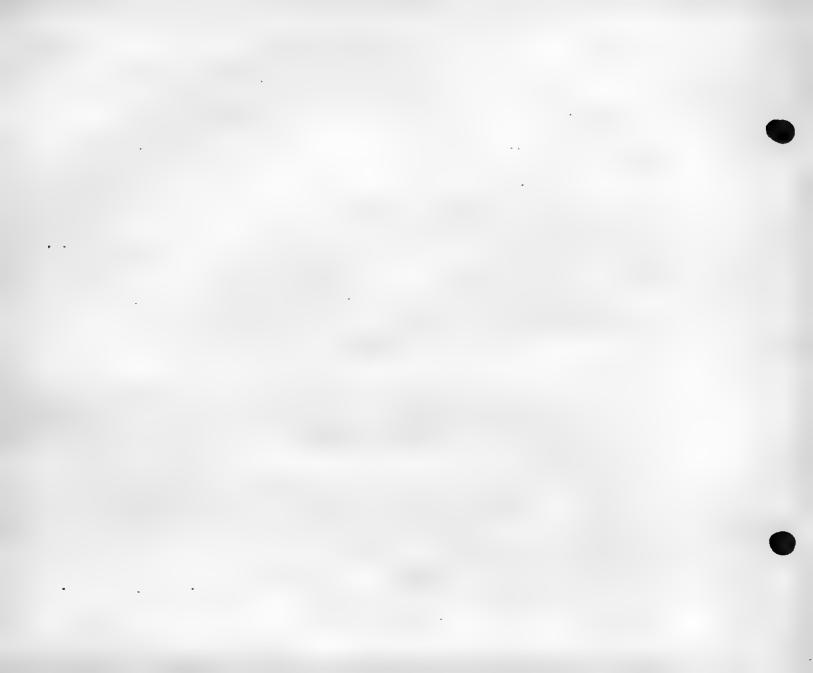


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04769 04770 PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death the funeral ages I and dea PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY ANNE ARUNDET. ANNE ARUNDEL MARYLAND b. CITY OR TOWN (If outside corporate imits, r. LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag hin 72 hours o GEORGE g MEADE FT GEORGE G MEADE .⊆ d NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 70LLA BAKER STREET KIMBROUGH ARMY HOSPITAL YES NO TO NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED 19 66 ROBERT WILBURNEY TODD APRIL 22 (Type or print) DEATH 9. AGE (In years S SEX 6 COLOR OR RACE 7 MARRIED B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED and camp (ost-birthdoy) Months Dovs Hours MALE CAUC DEC 6, 1930 WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10h XIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY ARMY HORRY. S. CAROLINA USA US SOLDTER 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME or removal BENTLEY W. TODD ALMA H. HARDEE WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) ((Lyes give was or dates of service)
YES (Sep. 48-22Apr 66 2117-116-0663 OFFICIAL MILITARY RECORDS (SP NOGY) INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit t PART I. DEATH WAS CAUSED BY LINK NOWN PEATH CONTACT GUNSHOT WOUND IMMEDIATE CAUSE (o) DUE TO burial, Conditions, if only, which gove ? DESTRUCTIVE BRAIN DAMAGE ase to immediate cause (a). DUE TO stoting the underlying couse by the haspital or attending as the priar ta last. 19. WAS AUTOPS1 PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use Health CERTIFICATION YES TO NO 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) INFLICTED GUNSHOT WOUND 20e PLACE OF INJURY (Home form, (City or town) MD (State) 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED (County) While factory, street, office bldg., etc.) Not While FT G G MEADE. ANNE ARUNDEL p.m. APR 22 19 66 ot work HOME: of work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from APRTI. 22 , 19.66 to APRTT, 22 , 19.66, that (I) (we) last be retained and that death accurred at 11: 30PM; from causes and on the date stated above saw the deceased alive an\_ 22o. SIGNATURE 22b DATE SIGNED STAFF ATTENDING M.D APRII, 22, 1966 director, page 3 should be filed v PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) KIMBROUGH ARMY HOSPITAL. FT MEADE MD CAPT. MC NOMURA. BURIAL CREMATION 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



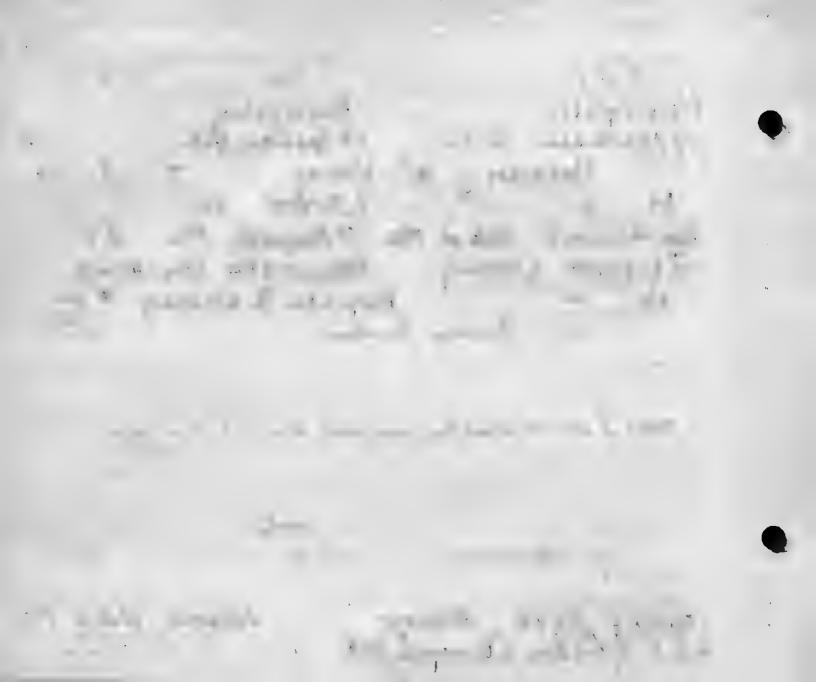
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04771 CERTIFICATE OF DEATH The low requires that the death certificate be executed within 24 haurs after death. s. Poges 1 and 2 hours after death attending physicion and completely filled in by the funeral permit. Then please remove carbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. COUNTY b. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 1b c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Annapolis Annapolis carbon papers. d NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? PURE OF GLOUCESTER Anne Arundel General Hospital 3 NAME OF Middle 4. DATE Lost Day Year DECEASED TURNER April 66 Joseph 19 (Type or print) DEATH S SEX 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED (De durinday) Male White WIDOWED DIVORCED JUP KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 11 RIRTHPLACE (County & Stote, or foreign country) COUNTRY 2 U.S. dupon most of worth a life even if retired) IND/JSTRY-YRIEST Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HERINE. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address buriol-tronsit permit. buriol, cremotion, ar re (Yes, no, ar unknawn) (If yes give war or dotes of service) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by ottending physician, DUE TO Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO XX Page 4 moy be retained by the hospital or 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office bldg., etc.) Not While at wark -el 196) , to April 8 . 19\_66 that (I) (vge) last 21 I certify that (I) (this posited) attended the deceased from\_ April 19.66, and that death occurred at M, from causes and on the date stated above saw the deceased alive on\_ 11:10 AM 220. SIGNATUR 22b. DAJE SIGNED ATTENDING PHYS. DIRECTOR M.D. PHYS. 22d, ADDRESS 22c. PHYSICIAN eltuneH NAME (Type) GETT AT 1) 121 Cathedral St., Annapolis, Md. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) (Stote) 230 BURIAL CREMATION, WNAPOLLS 25b REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR VR A15 (4) NNAPOLIS



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where depeased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Pag hours write RURAL and give nearest town) E 70 Yrs. Severn Severn d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled e. IS RESIDENCE d. STREET ADDRESS within New Cut Road YES DE New Cut Road NO completely 3. NAME OF Middle Last DATE Month Day DECEASED (Type or print) DEATH Edward Led Upton Amril 19 5. SEX 6. COLOR OR RACE | 7. MARRIED | KNEVER MARRIED | AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS remove 1, any eve 8. DATE OF BIRTH last birthday) | Months | Days and WIDOWED DIVORCED Male 88 Aug.31.1877 ermit. Then please re on, or removal and a 10a. USUAL OCCUPATION (Give kind of work done l 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Ret. Farmer Anne Arundel Co. Md. TISA 13. FATHER'S NAME MOTHER'S MAIDEN NAME John 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service)! No. Mrs. Annie M. Upton, same as 2 the 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN been signed by the burial-transit or to burial, crem ONSET AND DEATH PART I, DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating P r this certificate has b detached for use as the te Dept, of Health prior underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICAT YES [ No 7 20a. ACCIDENT WAS UNDERLYING F 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State I factory, street, office bldg., etc.) Hour a.m. After While Not While be retained by p.m. 19 at work at work TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the the 19 6 4 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from AM, from the causes and on the date stated above. Boall 2-19 66, and that death occurred at 1 saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR PHYS. PHYSICIAN'S ADDRESS 22d. NAME (Type) 108 Central Ave. NW. Glen Burnie Md. B. Tate. M.D. BURIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Burial Glen Haven Memorial Park Glen Burnie, Md. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 24. ADDRESS REC'D BY REGISTRAR VR A15 (4) Kirkley Funeral Home, Glen Burnie, Mi. 15M 4-64



	MARYLAND STATE DEPARTMENT OF HEALTH
-	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  14774  CERTIFICATE OF DEATH
T.	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)  a. COUNTY  b. COUNTY
17	CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
1	J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  a. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  a. 15 RESIDENCE
1	17 Monticello AUE // Spaliew AUE. YES NOW
3.	NAME OF DECEASED (Type or print) MALCOLM WARING DEATH 7 3 1966
5.	SEX   6. COLOR OR RACE 7. MARRIED   8 DATE OF B RTH   9. AGE (In years IF UNDER 1 YEAR   IF UNDER 24 HRS.   Hours   Min.   WIDOWED   DIVORCED   7   WIDOWED   WIDOWED   DIVORCED   7   WIDOWED   WID
10	le. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13	DY HSSISTANT STATE OF, MD. ST. MARGARETS, MD. N.S.
15	WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SCURITY NO. 17. INFORMANT
17	Augusta B. Waring   Street and the control of the
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Concurry Thirty:
	U Gooditions, if any, which (b)
	gava rise to immediate cause   DUE TO
Z O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
IFICATI	netz: il di'd net aftend This man; derath chand The Elme keulenet, YES 1 NO 1200. ACCIDENT WAS UNDERLYING 17 200. DESCRIBE HOW INJURY OCCURED, (En'er neture of in ury in Part II of Hem 18. A D.T.
1 -	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 1 20d, INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, 20f, (City or town) (County) (State)
MEDIC	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (Steta)  Hour s.m.
	21. I certify that (I) (this hospital) attended the deceased from
	220. SIGNATURE A P A O A A A A A A A A A A A A A A A A
	22c. PHYSICIAN'S NAME (Type)
23	S. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. ACATION (City, lown or county)
7	BURIAL M-6-66 HSBURY  ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1	hu M. Lay You thous Chinapolis, Md. JAPR 6 1966 policiles Judge
	MEDICAL CERTIFICATION



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence beiggs admission) a. COUNTY b. COUNTY MARYLAND 후 b. CITY OR TOWN (if outside corporate limit c. LENGTH OF STAY IN 16 C. CIJY OR TOWN (If outside corporate filmits, write RURAL and give nearest town) þ with RURAL and give nearest town hours afte d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES X NO completely papers. 3. NAME OF DATE Middle Month Dey DECEASED (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX AGE (In years 7. MARRIED MARRIED 8. DATE OF BIRTH certificate be rtsday) and Months Days Hours WIDOWED USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY **OE-WHAT COUNTRY?** done during most of working lyfe, feven if jetired) Phy 13{ FATHER aftending ₲ 16. SOCIAL SECURITY NO.1 17 INFORMAN requires that the Aunkown) | Ilf yes give war or dates of service physician. igned by the 18. CAUSE OF DEATH lenter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I, DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying cause fast PART II. OTHER SIGNEFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY CERTIFICATION PERFORMED? 200. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of in ury in Pert t or Pert II of item 18.) ם OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL á 20e, PLACE OF INJURY (Home, farm, ) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) fectory, street, office bidg., etc.) While Not While Hour a.m. at work at work n.m ....., 19....., that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from ..... 7.19....., and that death occured of ... M, from the causes and on the date stated above. saw the deceased alive-on 22b. DATE 220. SIGNATURE MED. SIGNED ATTENDING DIRECTOR PHYS. PHYS. M.D. FUNERAL. 22c. PHYSICIAM 22d, ADORE rector, i 23e, BURIAL, CREMATION, | 23b. DATE THEREOI OF GEMETERY OR CREMATORY 23d. LOCATION Wity Nown or county 0 \$ 5 256. REGISTRA BY REGISTRAR FUNERAL DIRECTOR'S SIGNA VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH



31 %		MARYLAND STATE DEPARTMENT OF HEALTH _DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN	D
E 50 A	h	CERTIFICATE OF DEATH	776
24 hours after death filled in by the funeral papers. Pages 1 and 2 in 72 hours after death	1	PLACE OF BEATH  a. COUNTY  IN VE AREA DEL  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before a. STATE of D. COUNTY)  D. COUNTY  D.	re admission)
in by the s. Pages 1 hours after		b. CITY OR TOWN (if outside corporate limits, write RURAL and give new write RURAL and give new rite R	arest town)
24 hor filled in papers.		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   d. STREET ADDRESS	RESIDENCE A FARM?
rted within completely ve carbon event, withi	3.	NAME DF JFIrst Middle J Last 4. DATE Month Day DECEASED	Year 19 66
executed wi	5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IFUNDER 1 YEAR   IFUN   Months   Days   How   10   10   10   10   10   10   10   1	
cate be ex physician a n please-re	10a dui	USUAL OCCUPATION (Give kind of work done in Dib. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF W COUNTRY?  We det State of foreign country 12. CITIZEN OF W COUNTRY?  We det State of foreign country 12. CITIZEN OF W COUNTRY?  We det State of foreign country 12. CITIZEN OF W COUNTRY?  We det State of foreign country 12. CITIZEN OF W COUNTRY?  We det State of foreign country 12. CITIZEN OF W COUNTRY?  We det State of foreign country 12. CITIZEN OF W COUNTRY?	HAT
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death certifica e attending ph permit. Then ion, or remova	15 (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (daughter) Some A	15#2-
Page 4 may be retained by the hospital or attending physician.  Page 4 may be retained by the hospital or attending physician.  Page 5 may be retained by the hospital or attending physician and completely for FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then plagae—quove carbon is should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within	MEDICAL CERTIFICATION	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year HOUR a.m. p.m.  19  20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) factory, street, office bidg., etc.)  21. I certify that (I) (this hospital) attacked the deceased from 19  21. I certify that (I) (this hospital) attacked the deceased from 19  22. ADDRESS  M.D. PHYS.  ATTENDING MED. DIRECTOR  STAFF DIRECTOR PHYS.  22d. ADDRESS  M.D. PHYS.  22d. ADDRESS  ATTENDING MED. DIRECTOR  STAFF DIRECTOR PHYS.  22d. ADDRESS  ATTENDING MED. DIRECTOR  STAFF DIRECTOR PHYS.  22d. ADDRESS  ATTENDING MED. DIRECTOR PHYS.  22d. ADDRESS  ADDRESS  ATTENDING MED. DIRECTOR PHYS.  22d. ADDRESS  ADDRESS  ATTENDING MED. DIRECTOR PHYS.	S AUTOPSY (FORMED? NO (State)
VR A15 (4)	30	Partial May 2,1966 (Edat Hill (emetery Brocklyn, K.C.), Marylan	del:
20M 1/65	7	GLETIJANIE) III LA 1966	0

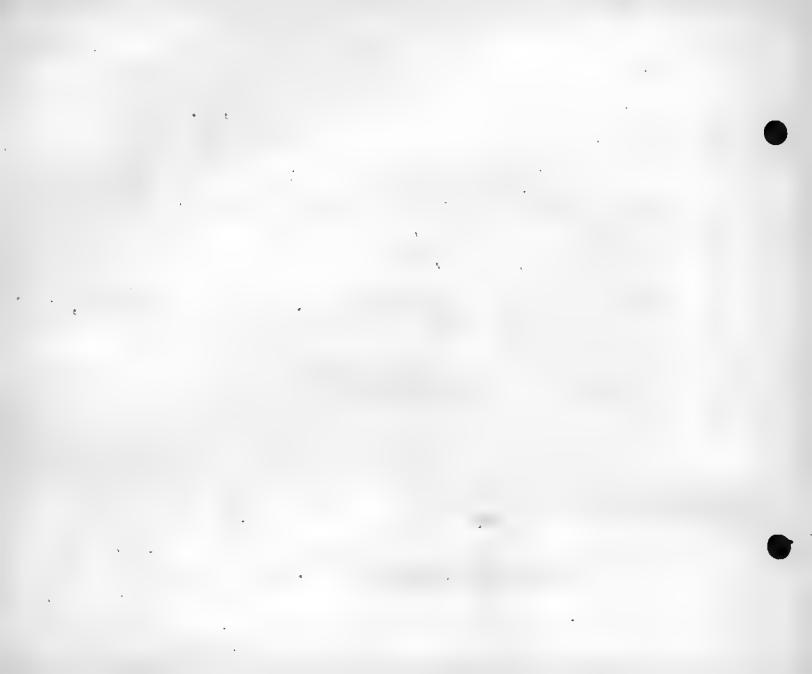


12	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAN	ND 21201
FOR STATE	104'7'7'7 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04775
HEALTH DEPT	1 PLACE OF DEATH  a. COUNTY A A. Co  MARYLAND  2 USUAL RESIDENCE (Where deceosed lived, if institution o. STATE  M D  COUNTY	Residence before admission)  ARCU.
after death If any delay is 8 Give Pages 1, 2, and 3 to along with farm PM3. Page with the State Department of within 72 haurs after death	b CITY OR TOWN (If outside corporate limits with RURA, and one nearest town)  C LENGTH OF STAY IN 16  C C TY OR TOWN (If outside corporate m ts, write RURA, write RURA, and one nearest town)  Glev Bure NIE.	and give nearest town)
s 1, s 1, arm arm	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  007-WORIH-ARUNALL- 621-Dale-Kord.	e. IS RESIDENCE ON A FARM? YES NO
after death. If 8 Give Pages 1, along with farm with the State De within 72 haurs	3 NAME OF First Middle Lost 4 DATE Month OF OF OF DEATH	Doy Year 2/ 19 6 C
rs afte 18 Gi e alan 2 with	WIDOWED DIVORCED 11/24/16 lost birthdoy) W	FUNDER 1 YEAR IF UNDER 24 HRS Nonths Doys Hours Min
24 hours in Item 18 r's Office r's Office	100 USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)  10b KIND OF BLS NESS OR III BIRTHPLACE (Stote or fore gn country)  11 BIRTHPLACE (Stote or fore gn country)  11 Since Camp N. Carolina  12 Snow Camp N. Carolina	12 CITIZEN OF WHAT COUNTRY?
d within in pencil Examine File par and in c	Thomas C. Carter Lucy R. (unknown)	
ecuted ling in edical E ermit. F naval, a	15 WAS DECEASED EVER NUS ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service)  139-03-2696 Hir. Harold L. White (Husband)	Same As #2
INER: This certificate shauld be executed within 24 hours after death e certificate, writing the ward "pending" in pencil in Item 18. Give Page should be forwarded to the Chief Medical Examiner's Office along with files. Should be used as a burial-transit permit. File pages to burial, cremation, ar remaval, and in any event within 72 hours.	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  2 4 4 DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ate shall go the world to the standard to the crematic	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause DUE TO	
s certifice e, writing farwarde farwarde	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH RITT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
TO 0	200 EXTERNA. CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH	113 [] 110
	20c TIME OF N.J.RY Month, Doy, Yeor Hour o m. 19 While of work	(County) (State)
r MEDICAL EX please execution director. Page in director. Page in presented for y L Director. Page its designated	21   certify that   taak charge of the remons described above, held an Autapsy   Inspection   Inquiry death resulted from: Vatural causes   Accident   Suicide   Hamicide   Undetermined manner	
E 2 2	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
O DEPUTY necessary, the funeral 5 may be 1 0 FUNERAL	EXAMINER'S NAME (Type)  E-Lind Line Ciff.  Address (Street, city, town, or county)	4/21/66
TO Dispersion of the Polymer S may S me Heol	230 BUR AL, CREMATION, REMOVAL (Specify)  But 1 Abril 24, 1966  Pine Hill Cemetery Burlington;  24. FUNERAL DIRECTOR  23. NAME OF CEMETERY OR CREMATORY  24. NAME OF CEMETERY OR CREMATORY  25. NAME OF CEMETERY OR CREMATORY  25. NAME OF CEMETERY OR CREMATORY  25.	1 1/ / /
VR A15ME (5)	24. FUNERAL DIRECTOR  5.79/4 ADDRESS  PAPE 250 REC D BY REGISTRAR 250 RE	IKAK S SIGNATURE

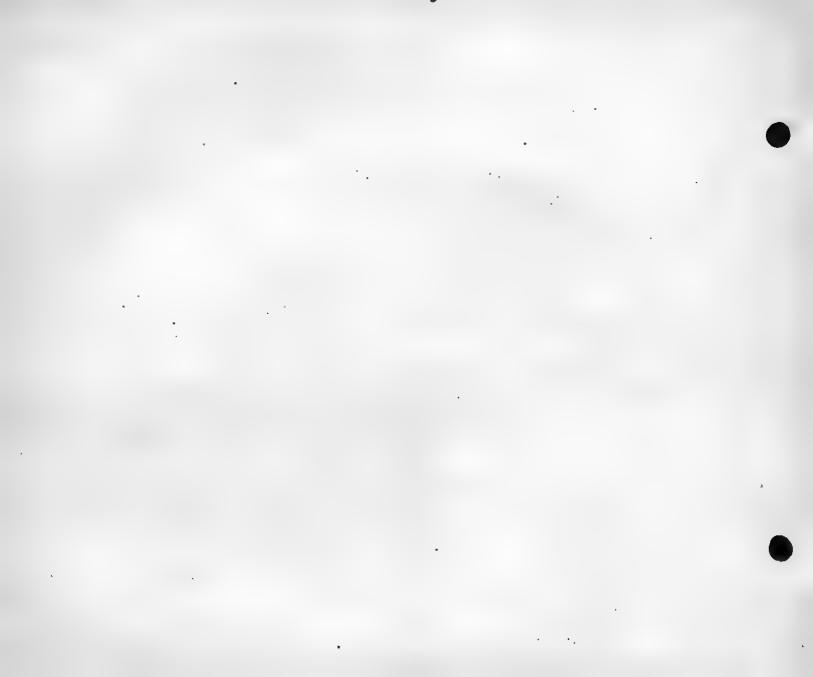


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND .DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) de de a. COUNTY papers. Page. after ANNE ARUNDAL MARYLAND PRINCE GEORGE CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours GEO G MEADE LL DAYS CATONSVILLE. MD. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE eq within 72 24 ON A FARM? KIMBROUGH ARMY HOSPITAL NO T 1 DAVID LEE RD YES completely ve carbon p within NAME OF First Middle Last DATE Month Day 4. Year DECEASED (Type or print) LUCTNDA WHAT THE DEATH 19 66 APRII executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months I Davs Hours CATT WIDOWED DIVORCED FEMALE VES 10a. USUAL OCCUPATION (Give kind of work done ) 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT ě during most of working life, even if retired) INDUSTRY COUNTRY? HOCK physi 60 certificate TIS A 13. FATHER'S NAME MOTHER'S MAIDEN NAME 14. remova attending primit. Then GEORGE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. cremation, or p INFORMANT death (Yes, no, or unknown) (If yes give war or dates of service) CATONSVILLE. UNK 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARDIAC ARREST IMMEDIATE CAUSE (a) burial-ti burial, DUE TO Conditions, If any, which DIFFUSE CARCINOMATOSIS MONTHS gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. CARCINOMA\_OF BREAST (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? NO IL YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) CERT OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work ъ 21. I certify that (I) (this hospital) attended the deceased from 18 FER 19.66 to 2 APR \_\_, 19.66\_, that (I) (we) last DIRECTOR: saw the deceased alive on 22 and that death occurred at 20PM, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED be MED. DIRECTOR page ATTENDING PHYS. PHYS. pag HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRESS director, NAME (Type) **JEFFRESS** BOOZER/ KIMBROUGH ARMY HOSPITAL pinous 23c. NAME OF CEMETERY OR CREMATORY ATION (City, town/or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify); UNERAL DIRECTOR 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE ADDRES: 25b. VR AI5 (4)

20M 1/65

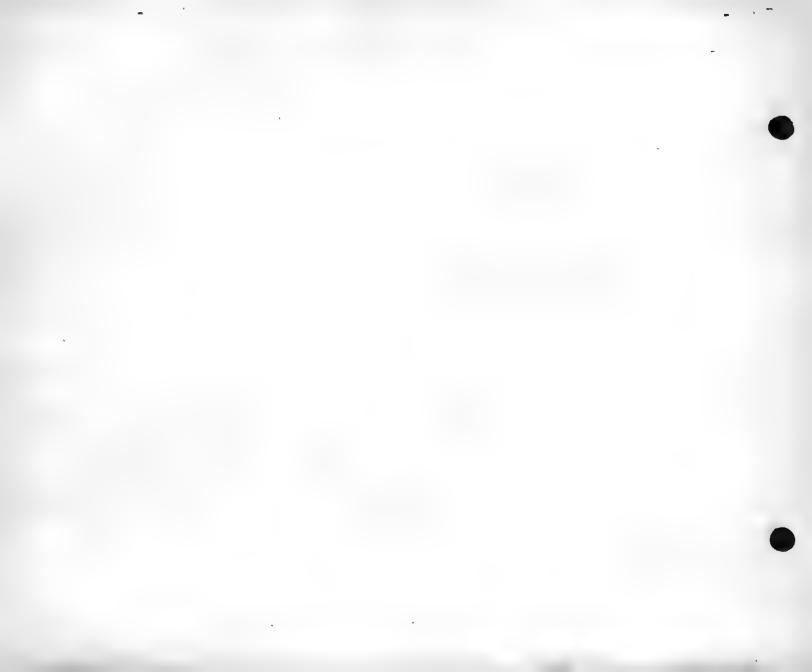


MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. and I. PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY after Md. MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) papers, 1-72 hours hours Brooklyn BrooklynPk .⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) filled d. STREET ADDRESS e. IS RESIDENCE within 72 ON A FARM? Ordnance Rd. Ordnance Rd. No m executed within completely carbon 3. NAME OF First Middle DATE Month Lest DECEASED DF DEATH Henry Albert Wiedenhoeft 19 66 (Type or print) 6 5. SFX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | FUNDER 24 HRS 9. 7. MARRIED THE NEVER MARRIED [ e last birthday) | Months | Days White гешо M A CO 間 WIDOWED DIVORGED physician 3 10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Concrete Block Langer certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address OL (Yes, no, or unkown) I (If yes give war or dates of service) Mrs. Stoll Ordnance Rd. the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: , IMMEDIATE CAUSE (a) Signed DUE TO Conditions, If any, which (b) peen gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) FICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) VWAS AUTOPSY for use Health PERFORMED? certificate NO P YES [ 20a. ACCIDENT WAS UNDERLYING T 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached this MEDICAL 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. After While Not While at work 19 at work TO INNERAL DIRECTOR: A director, page 3 should a filed with the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at saw the deceased alive on. \_M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF LOCATION (City, town or county) 23d. (State) REMOVAL (Specify) Burial FUNERAL DIRECTOR REGISTRAR'S SIGNATURE 258. REC'D BY REGISTRAR 25h. McCully Funeral Home 237 Patapsco. Ave. VR ALS (4) 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 042802 USUAL RESIDENCE (Where deceased lived, f institution: Residence before admission) 1. PLACE OF DEATH o STATE o. COUNTY b COUNTY A. A. CO. A ACO. ď b CITY OR TOWN (f autside corporate limits write RURA, and give neored (swn) c LENGTH OF STAY IN 16 c CTY OR TOWN (f autside corparate ,mits write RURAL and give necrest town) PASA VEN N S RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS ate De haurs DON-North-PRODUCT- HOSpitaL. 1219-130x202, -YES NO 🖂 n Item 18. Give Pages Office along with 3 NAME OF DATE DECEASED 1966 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 9 AGE (In years 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthdoy) Months 100 USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during groat of working life, even if retired COUNTRY? **NDUSTRY** House we 13 FATHER'S NAME File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) | if yes give wor or dates of service) or remayol. 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART 1 DEATH WAS CAUSED BY burial, cremation, DUF TO Conditions, if any, which gove rise to immediate couse (a), DUF TO certificate stoting the underlying couse forwarded 19 WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? NO . 200 EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Item 1B) CAUSE OF DEATH. (City or fown) (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm 20c. TIME OF MURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While at work ot work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection [7] and in my opinion Suicide [ death resulted from Matural causes Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Health or .4-8-66 **EXAMINER'S** Address (Street, city, town, or county) 500 VCharle VR A15ME (5)

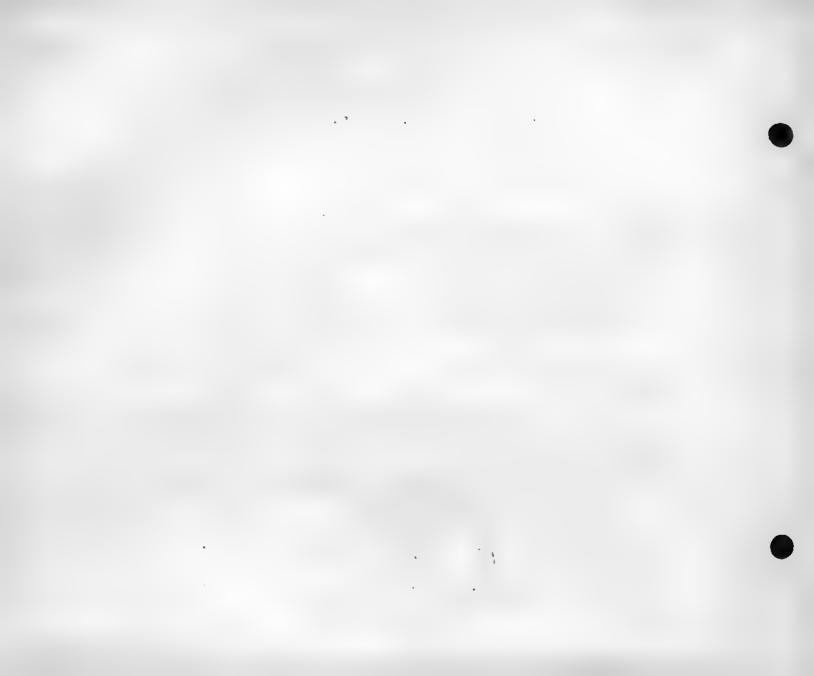
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH, AND RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04781 CERTIFICATE OF DEATH y filled in by the funeral on popers. Pages 1 and 2 arthin 72 hours after death. death. requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission CROWNSVILL b. COUNTY \_ MARYLAND b City OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Write RJRAL and give nearest town)
ANNE R ARUNDEL LL4 WOODD d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) A STREET ADDRESS IS RESIDENCE ON A FARM? YES NO L NAME OF Middle 4 DATE carbon Lost Manth Day Year completely DECEASED OF DEATH MILKINSON 19 (Type or print) AGAGE (In years IF UNDER 1 YEAR S SEX 6. CO. OR OR RACE DATE OF BIRTH IF HINDER 24 HRS last hirthday Months Davs Hours WIDOWED and 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of work ng life, even if retired)
HOUSE WIFE COUNTRY & INDUSTRY 13. FATHER'S NAME burial, cremation, or removais NORRIB 17. INFORMANT (Yes, pg. ar unknawn) (If yes give war ar dates af service) 577-12-2456 WILMER E. WILKINSON HOLLYWOOD. MARYLAND 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-tronsit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o). BRIDSCLEROTIC CARDIO-VASCULAR Conditions, if ony, which gave use to immediate cause (a). DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate hos been the lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO F jo 20a ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 206 INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Not While factory, street, office bldg., etc.) (this haspital) attended the deceased from that (I) (we) last and that death accurred of M, from causes and on the date stated above. deceased 22b. DATE SIGNED 22a. ATTENDING PHYS MED DIRECTOR M.D. NHYSICIAN'S NAME (Type) ad ADDRESS director, should be 23d. BURIAL, CREMATION, CEMETERY OR CREMATORY LOCATION (City or Town) (County) (State) BUR ! AL POWARDTOWN. VR A15 (4) 20 M 1/66

VIOLET 150.02 NO 8-33: 577 67

WI XX	1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301, W., PRESTON STREET, BALTIMORE, MARYLAND 21:	201
	3	Division of STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21:  CERTIFICATE OF DEATH	04781
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physic naval,		FATHER'S NAME  John Foster  14. MOTHER'S MAIDEN NAME  Plary	
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that the ion.  by the crematic		18. CAUSE OF DEATH (Enter only one couse per time for (a), (b), and (c))  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a) Septicemia  DUE TO	ONSET AND DEATH
Page 4 may be retained by the haspital or attending physician.  • Funeral Directors: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 3 and 3 should be filed with the State Dept. of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death		Conditions, if ony, which gove itse to immediate couse (o), storing the underlying couse lost.  Decubitus Bloers & Gangrene of Lower Left  Extremity & Senility	
The I after after the bas use as	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  Diabetis Mellitus	19 WAS AJTOPSY PERFORMED? YES NO [X]
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NG PHY  Y the ha  er this a  e detad  ate Dep	MEDICAL	How an	ourty) (Stote) aryland
TENDII vined by OR: Aft ould be		21   certify that (1) (this hospital) attended the deceased fram 3/7/, 1966, ta 4/25/, 1995 and that death occurred of 1:15M, from causes and on the deceased glives on 6/4/25/19 05 and that death occurred of 1:15M, from causes and on the deceased glives on 6/4/25/19 05 and that death occurred of 1:15M, from causes and on the deceased glives on 6/4/25/19 05 and that death occurred of 1:15M, from causes and on the deceased glives on 6/4/25/19 05 and that death occurred of 1:15M, from causes and on the deceased glives on 6/4/25/19 05 and that death occurred of 1:15M, from causes and on the deceased glives on 6/4/25/19 05 and that death occurred of 1:15M, from causes and on the deceased glives of 1:15M, from causes and on the deceased glives of 1:15M, from causes and on the deceased glives of 1:15M, from causes and on the deceased glives of 1:15M, from causes and on the deceased glives of 1:15M, from causes and on the deceased glives of 1:15M, from causes and on the deceased glives of 1:15M, from causes and on the deceased glives of 1:15M, from causes and on the deceased glives of 1:15M, from causes and on the deceased glives of 1:15M, from causes and on the deceased glives of 1:15M, from causes and on the deceased glives of 1:15M, from causes and on the decease of 1:15M, from causes and on the decease of 1:15M, from causes and 0:15M, fro	the date stated obove
OR Al be reto DIRECT OIRECT Sed with		M.D. ATTENDING DIRECTOR DIRECTOR PHYS DI 4/3	25/66
TO HOSPITAL OR Page 4 may be no O FUNERAL DIRE director, page 3 should be filed w		22c PHYSMAN'S NAME (Type) Lioned Terenty Mano, M.D. 22d address Crownsville, Maryland	
Page TO FUN direct shoul		BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY  BUNDAL TSPECTION (City or Town)  A USUAL STATEMENT OF CONTROL OF CEMETERY OF CREMATORY  Security 4/25/1568 MT A USUAL STATEMENT OF CEMETERY OF CREMATORY  Security 12b. Market	(County) (State)
VR A15 (4) 20 M 1/66	24	FUNERAL DIRECTOR Mangale Pollages 638 NG comor of DATE ATR 27 1966 your	arles Juage



Ä.	-IN	6	DIVISION OF STATISTICAL RESEARCH 04783	AND RECORDS, 301 W. PRESTON STREET, BACERTIFICATE OF DEATH	LITIMORE 1, MARYLAND
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ne death certif	fonding physical on please feat il, and in any		THOME HOUSE THER'S NAME DARIUS WATERHOUS	WIFE LEND.  14. MOTHER'S MAIDEN NAME  SE_ MARTHA  L SECURITY NO 17., INFORMANT	MORGAN Address
aquires that It	pnysician. Ined by the af sit permit. The		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)  DUE TO	les	INTERVAL BETWEEN ONSET AND DEATH
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SPITAL	FUNERAL D. Setor, page 3 should filed with the State		SIGNATURE  C. PHYSICIAN S NAME (NO.)	ATTENDING MED. STA DIRECTOR PHY  22d. ADDRESS  FOR 55 + DR.	22b. DATE SIGNED
TO HO	VR A15 (4)	Trulk	URIAL, CREMATION, 236 DATE THEREOF 23CL OVAL (Specify) LEMATICN 4-15-66 NETAL DIRECTOR'S SIGNATURE, M. Jay 165 V Jane auren	NAME OF CEMETERY OR CREMATORY  LINCOLN  ADDRESS  ADDRESS  APR 18 1968	BLADENSBURG MD- 25b. REGISTRAR'S SIGNATURE ACCUMENTAL JUNGS
		-	/		<i>V</i>

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 and 2 death. 24 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY by the Pages 1 b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND Maryland c, CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b and completely filled in by emove carbon papers. Pag any event, within 72 hours Baltimorē. Marvland Crownsville months d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? Crownsville State Hospital 1709 N. Calvert Street ND K be executed within 3. NAME DE First Middle DATE Month Year DECEASED (Type or print) Wright DEATH 19 5. SEX 6. COLOR OR RACE 8. OATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 7. MARRIED NEVER MARRIEO hast birthday) Months | Days Hours ! White 12/21/80 Female WIDOWEO 次 DIVORCEO [ E 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Maryland , Baltimore None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then removal attending MAKKKOKOTAK Margaret Miller icholas Tegges 15. WAS DECEASED EVER IN U.S. ARMED FORCES? signed by the attend rial-transit permit. rial, cremation, or re 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrss Lula M. Addrasa sch (Yes, no, or unkown) | (If yes give war or dates of service) death Records)3808 Fleetwood Hospital 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND CEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Secticemia ) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that ti Page 4 may be retained by the hospital or attending physician. been signed the burial-t **OUE TO** Conditions, if any, which Decubitus Ulcers gave rise to immediate OUE TO cause (a), stating the underlying cause last. Senility 33 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE CONDITION GIVEN IN PART 1(2) 19. WAS AUTOPSY for use Health Diabitis PERFORMEO? Hypertensive Artersclerotic Cardia Vascular Disease Mellitus

20a. ACCIDENT WAS UNDERLYING DOBAGE OF DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part For Part II of Item :
(IF EITHER, NOTIFY MEDICAL EXAMINER) YES | ND 1 20b. DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME DF INJURY Month, Day, Year | 2Dd. INJURY OCCURRED 120e, PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) DIRECTOR: After than age 3 should be det filed with the State D factory, street, office bldg., etc.) While at work Crownsville, Maryland Not While at work 21. I certify that (I) (this hospital) attended the deceased from 19.65. 4/4/1/19.66, and that death occurred at 9:30M, from the causes and on the date stated above. say the deceased alive on 22a. SIGNATURE 22b. OATE SIGNED page MEO. DIRECTOR { STAFF PHYS. M.O. FUNERAL 22c PHYSICIAN'S 22d. ADDRESS director, p should be 1 NAME (Type) Crownsville, Maryland app, BURIAL, CREMATION, 23b. OATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Buria Matthews St Baltimore Maryland 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE SONS INC. BALTO. MD. VR AI5 (4) 20M 1/65

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310	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
E ENM	04785 CERTIFICATE OF DEATH
after death. the funeral ges 1 and 2 after death.	1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY b. COUNTY b. COUNTY
after / the (ges 1 safter	ANNE ARUNUEL MARYLAND MARYLAND ANNE ARUNDEL
by the Page	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
hours d in by rs. Pa	LINTHICUM  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE
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be executed within ian and completely issertence carbon profit in any event, within	3. NAME OF First Middle Last 4. DATE Month Day Year OF
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ecuter fid cor move iny ev	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS.   last birthday)   Months   Days   Hours   Min.
execu remo	FEMALE WHITE   WIDOWED K   DIVORCED   APRIL 15. 1887   78 yrs.
scian lease T and in	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	HOUSEWORK (ret.)   OWN HOME   PENNSYLVANIA   U.S.A.  13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME
certifica ding ph Then remova	27. MOTHER O MAIDEN WANTE
eath certifica attending ph ermit. Then i	SAMUEL FINK AGNES (UNKNOWN)  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address
death c ne atten permit. tion, or i	(Yes, no, or unkown) (If yes give war or dates of service)
the ation	NO  /////////194 10 0921   MRS. ODROTHY WILKIE (daughter) SAME AS #2   18. CAUSE OF DEATH LENter only one cause per line for (a), (b), and (c).1   INTERVAL BETWEEN
of the deal lan. d by the al ransit per cremation,	PART I, DEATH WAS CAUSED BY: CORD NARY THE POAR BOCKE DASET AND DEATH
es that the physician. signed by urial-transi	7/
requires that nding physicial been signed; the burial trick for the burial trick for the burial, contains the burial trick for the buri	Conditions, If any, which ) O) ATHERO Sclerasis, Hyportension & years
een he b	gave rise to immediate cause (a), stating the DUE TO 1. O 1
law re ttendi has bi as th prior	underlying cause last. ) (c) dia teles mellitus
he fa or att te h use use	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
N: The last or at ificate health	E Coul 3 Coll stone 3 bleaching diver hertilis YES \□ NO □
<b>E</b> E 1.05	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
HYSICIA he hospi this cert etached Dept. of	
	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)   Hour a.m.   While   Not While   at work   at work   at work
ATTENDING retained by ECTOR: Aften Should be vith the Stat	21. I certify that (I) (this hospital) attended the deceased from Jan., 1960, to 4. jo, 1966, that (I) (we) last
OR ATTEND y be retained y be retained DIRECTOR.	saw the deceased alive on19_66, and that death occurred at 3 AM, from the causes and on the date stated above.
REC 19	22a. SIGNATURE 22b. DATE SIGNED
AL O	m.b. rato. Director in this indextil it. 1700
Page 4 may be retained by Page 4 may be retained by TO FUNERAL DIRECTOR. After director, page 3 should be should be filed with the State	22c. PHYSICIAN'S NAME (Type) BAHRAM SINA #11 F. CHASE ST. BALTIMORE, MO.
HO HOUL	23a. BURIAL CREMATION   23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
0T 0T 0D 42	BURIAL (Specify) BURIAL (Specify) BURIAL (Specify) BURIAL (Specify) BURIAL (Specify) BETHLEHEM, PENNSYLVANIA
	FUNERAL DIRECTOR SINGLETON FUNERAL HOME   258. REC'D BY REGISTRAR'S SIGNATURE
VR A15 (4) 15M 4-64	R.V. SINGLETON, GLEN BURNIE, MARYLAND DATPR 13 1966 Charles Judge

MENTAL CONTRACTOR OF THE PROPERTY OF THE PROPE The state of the s AND AND THE PARTY OF THE PARTY the state of the same of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. and death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY COUNTY after the MARYLANO Pages b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) à pers. Pag 72 hours write RURAL and give nearest town) 24 hours .= d\_NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE ON A FARM? d. STREET ADDRESS bon par within NO X YES within completely carbon 3. NAME OF DECEASED Middle DATE Day Last Month Year evint. cen (Type or print) DEATH 19 executed 6. COLOR OR RACE 5. SEX AGE (In years last birthday) attending physician and conrmit. Then please temove n, or removal, and in any ev DATE OF BURTH IF UNDER 1 YEAR IF UNOER 24 HRS 7. MARRIEO NEVER MARRIED Months Davs Hours WIDOWEO DIVORCED 10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) death certificate be during most of working life, even if retired) COUNTRY FATHER'S NAME 14. MOTHERIS MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. ddress 17. INFORMAN certificate has been signed by the atten hed for use as the burial-transit permit. £ of Health prior to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of sprice) CAUSE OF CEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave, rise to immediate DUE TO cause (a), stating underlying cause last (c) ERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMEO? NO K YES After this certification of the State Dept. of F 20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part | of item 18.) OR CONTRIBUTING | CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Ç MEDICAL. (State) TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. 19 at work the that (I) (we) last director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from 19. and that death occurred at& M, from the causes and on the date stated above. saw the deceased alive on 22b. OATE SIGNED 22a. SICHATURE ATTENDING PHYS. MED STAFF 0 **OIRECTOR** PHYS M.D. PHYSICIAN'S AOORESS 22c. NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23c. REMOVAL (Specify): 2 FUNERAL DIRECTO REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25a. 25b. VR A15 (4) 20 M 1/65

